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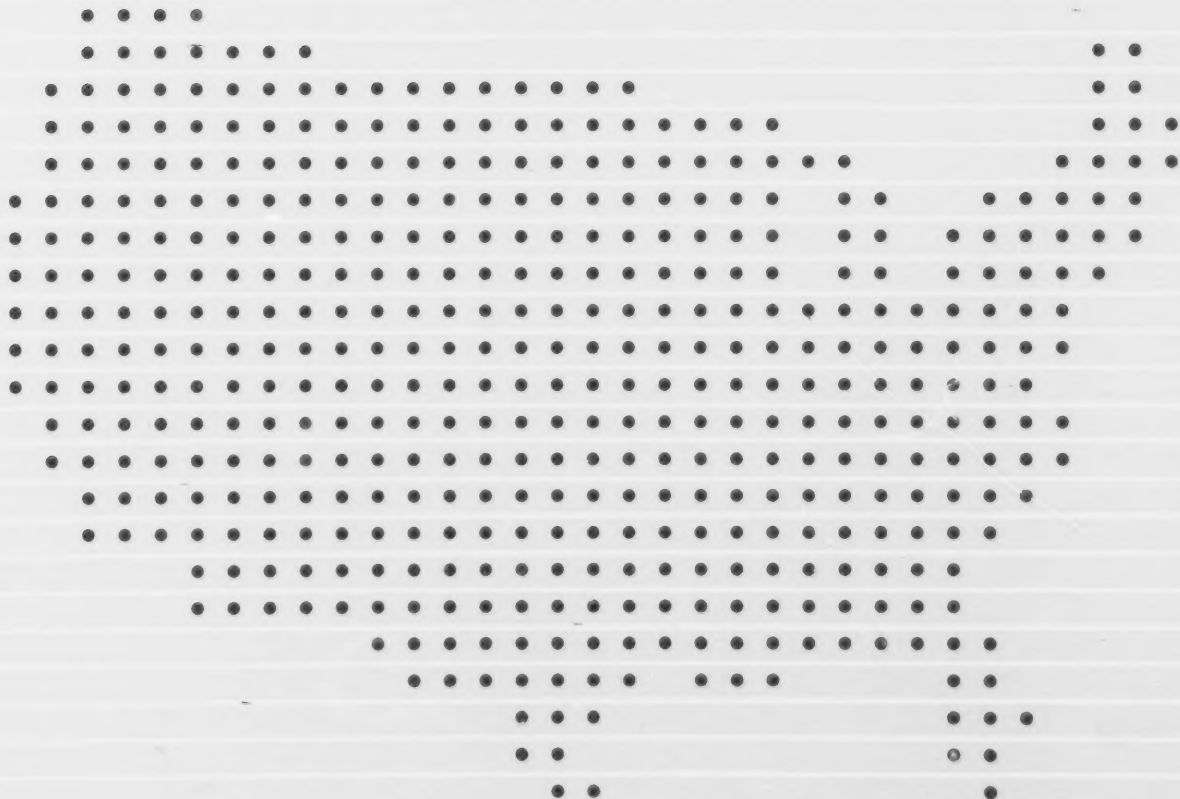
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PREVENTION IN AMERICA 5:

Steps People Take — or Fail to Take —
For Better Health

Conducted for **Prevention®** Magazine



A Survey by Louis Harris and Associates, Inc.

Study No. 874018

PREVENTION IN AMERICA V: STEPS
PEOPLE TAKE - OR FAIL TO TAKE -
FOR BETTER HEALTH
1987

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PREFACE

Health care costs have continued to rise dramatically through the 1980s after increasing 2,000 percent in the thirty years between 1950 and 1980, from 12.7 billion to 244.6 billion in 1980. Moreover, the rate of increase in costs have not stabilized in this decade, but rather have increased sharply to over \$500 billion in 1987. Insurance costs have also been rising, putting pressure on both employers to meet the higher costs of premiums and employees to meet co-payments.

While the direct costs are enormous, they represent only the tip of the iceberg. Lost productivity, and all of its ramifications to individuals and their employers, is tremendous. And the monetary outlay is only one aspect of this grim picture. The grief, anguish, and despair inflicted on ill people and their families is not reducible to mere dollar figures.

Given this situation, one would think that the prevention of disease and accidents would be among the highest priorities for both the public and private segments of the health care system in America. While it is true that increasing media attention has been paid to the importance of healthful living, and that some progress has been made, there is still enormous room for improvement. The health care system still pays scant attention to the preventive aspects of medicine, and healthy lifestyles have not filtered into the daily lives of the majority of the nation's population. Of course, some progress has been made. Concern and understanding is rising, especially among employers. But it is clear that there is much left to be done.

In order to learn the extent to which Americans are making progress toward practicing healthful living, Louis Harris and Associates, working (for

the fifth straight year) under the sponsorship of Prevention magazine, interviewed 1,250 randomly selected adults across the country by telephone from the Harris firm's central survey facility located at Rockefeller Center in New York City. Interviews averaged 25 minutes in length and were conducted between November 11 and 25, 1987.

As in previous years, the interviews concentrated on the most important risk factors and habits believed to influence the long term health of the American people. Survey questions focused on key health-enhancing practices such as good nutrition, exercise and weight control, accident avoidance and getting regular medical exams. Various health suppressors, such as smoking, alcohol use and stress, were also examined.

Because the survey has been conducted every year since 1983, the data allow us to follow the trends in these key prevention measures. This year, we report not only on the overall trends in prevention practices, but also on trends among the major demographic subgroups in the country: men and women, young and old, educated and uneducated. The findings from the 1987 survey, when compared to the results of the baseline 1983 survey, clearly reveal areas where the nation is progressing and areas where the nation is standing still or falling behind. And the demographic subgroup comparison shows which groups in the country are gaining ground, and which are losing ground in the fight for good health.

A Note on Reading the Tables

An asterisk (*) on a table signifies a value of less than one-half percent (0.5%). A dash (-) represents a value of zero. Percentages may not always add up to 100% because of computer rounding, multiple answers from respondents, or the elimination of "no answers."

It should be noted that the findings reported here (as in all surveys) are subject to sampling error. The smaller subgroups in the sample (such as Hispanics, for instance) have the larger potential sampling fluctuations. Some of the findings reported here (and in other surveys) are probably also subject to a certain amount of additional error beyond the normal sampling errors. Whenever a form of behavior is perceived to be wrong, antisocial, or embarrassing, it is likely to be underreported, while socially acceptable or desirable behavior is likely to be somewhat overreported. The surprise, in many cases, is that so many people admit to such undesirable behavior as driving after drinking or smoking in bed. Notwithstanding these possible sources of error, the 1987 survey and its earlier counterparts provide one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross sections of Americans.

Public Release of Survey Findings

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report will also be available, rather than simply an excerpt from the survey findings.

Project Responsibility

The director of this project at Louis Harris and Associates was Humphrey Taylor, President. The chief analyst was Louis Genevie, Ph.D., Research Director. The development of the questionnaire, and the supervision of the study while in the field took place under the direction of Dr. Michael Kagay, Ph.D.

LOUIS HARRIS AND ASSOCIATES

Louis Harris and Associates would like to thank Prevention magazine for commissioning this research. We would in particular like to thank Robert Rodale, founder of Prevention, Sanford Beldon, Prevention's publisher, and Tom Dybdahl, who manages the project for Prevention, for their continued support. The research team is also indebted to Lois Hoeffler whose careful and speedy attention to detail made the timely production of this report possible; and to Xiaoyan Zhao, Ph.D.; the newest member of the Harris team, who acted as our reader and in doing so, saved us from several otherwise embarrassing errors. We are also greatly in debt to the many other people who contributed to the development of the questionnaire. However, responsibility for topics, question wordings, the findings, and for their interpretation rests solely with Louis Harris and Associates.

SUMMARY OF FINDINGS

The main findings of this year's Prevention survey are summarized below. This year, a new dimensions have been added to the report. In addition to the overall changes in prevention measures across the years, we have also analyzed major demographic subgroup changes. In doing so, we were able to pinpoint not only how prevention measures are changing on a national basis, but also which subgroups in the population, men and women, young and old, rich and poor, are gaining or losing ground. Knowing this can help structure efforts aimed at increasing awareness of health enhancing practices.

Below is a summary of the major findings reported in this document.

DRUG AND ALCOHOL USE

1. Supporting recent research by the University of Michigan's Survey Research Center, we found that drug use among young people declined sharply between 1983 and 1987.

- o Recreational drug use has declined around the country, from 9% in 1984 to 6% in 1987. While this represents only a 3% decrease, the decline represents about a 33% decrease in the number of Americans who say they use "recreational" drugs.
- o The use of recreational drugs has declined most steeply among younger people, from 21% in 1983 to only 11% in 1987.

2. However, younger people (those less than 30 years of age) were far more likely to drink alcohol heavily than older people (those over 64 years of age) (37% vs. 5%).

CONCERN ABOUT AIDS

3. Concern about AIDS as a major health problem is growing.

- o In the two years between 1985 and 1987, the number of people who think that AIDS will become a major epidemic has almost doubled from 14% to 27%.
 - Regionally, those in the Southern and Western parts of the country expressed more concern that AIDS will become a major epidemic as compared to the East and mid-West.
 - The rate of growth in concern was also highest among those in the South and West.
 - Although concern among women is rising at a faster rate than among men, men and women, young and old and those of different ethnic groups expressed equal concern that AIDS will develop into an epidemic.
 - Interestingly, those with four year college degrees are less likely to think that AIDS will grow into major epidemic in the next five years than those without four year college degrees.
- o While only a minority think that AIDS will be a major epidemic five years from now, the majority, more than six out of ten Americans, think that it will be a growing health problem.

4. In 1987, 16% of adults in America believe that they, themselves,

run the risk of catching AIDS, an increase of 6% during the last two years.

- o Concern about personal risk is growing most rapidly in the Western part of the country. About equal numbers of men and women expressed concern about catching AIDS, although there was indication that concern among men is rising faster than among women.
- o It is interesting to note that personal concern about the risk of catching AIDS is higher and rising faster among men and concern that AIDS will become an epidemic in the next five years is higher and rising more rapidly among women.

5. With concern about AIDS on the increase, it is not surprising that

49% of those questioned said that they are taking special steps or precautions to avoid catching AIDS.

- o Regionally, 55% in the Southern part of the country are taking steps to avoid catching AIDS compared to only 44% in the East. This major regional difference is primarily due to the fact that the Eastern part of the country has experienced no increase in the proportion of adults taking steps to avoid AIDS over the last two years, compared to the South, which registered a 13% increase.
- o AIDS is clearly affecting the sexual behavior of young people. Sixty-one percent of those 18 to 29 years of age are taking precautions, compared to only 31% of those 65 years of age and older.
- o Minority groups showed a small decline in the proportion of people taking precautions to avoid getting AIDS between 1985 and 1987, a cause for major concern, given the disproportionate number of minorities who have the disease.
- o Although fewer Whites are taking precautions than those of minority communities, the rate of increase among Whites is greater than among Blacks and Hispanics.

AMERICAN ATTITUDES TOWARD PREVENTION

6. A plurality (45%) of Americans believe that health care services should give more emphasis to prevention. However, the minority who believe that we have the balance right between treatment and prevention has increased from 18% in 1983 to 32% in the latest survey. Only 11% think that more emphasis should be given to treatment.

- o The erosion of support for greater preventive measures on the part of the health care system has been greatest among those constituencies who in the past have supported it the strongest: the middle class, people under 40, and those who live in the Western part of the country.

NUTRITION

7. In spite of the media attention focused on nutrition, the proportion of Americans who say that they "try a lot" to follow a list of good nutritional practices has scarcely changed over the last five years. This

finding confirms the conclusions of other researchers that many Americans pay lip service to good nutritional habits, and may even have good intentions, but these good intentions do not translate into good nutritional behavior.

- o Demographic subgroups differences show that women, older people and the more educated are currently doing the most and have made the most gains nutritionally during the last five years.
- o Women show strong gains in getting enough calcium. Older people have increased their fiber consumption also, while avoiding caffeine and cholesterol.
- o More educated people are avoiding sodium and cholesterol and increasing fiber in their diet. Less educated people have registered increases in avoiding sweets and increasing calcium consumption.

EXERCISE

8. The number of people taking regular strenuous exercise has not changed significantly since 1983. However, the survey does not confirm the opinion sometimes expressed that exercising was a passing fad.

- o The country divides between the East and the mid-West where fewer people exercise and where the numbers exercising may actually have declined and the South and West where more people exercise and the numbers appear to have been growing.
- o Regular strenuous exercise is concentrated among those under 30, 51% of whom say they exercised regularly compared to only 17% of those 65 years of age and older. That 17% percent figure represents a 9% decline since 1983 in the rate of strenuous exercise among those 65 years of age and older. While at the same time those under thirty have experienced an 9% increase in this rate.
- o The number of Americans who say that they get strenuous exercise on an irregular basis, a behavior that has been linked to injuries and sudden death, stands at 30%, a figure that has remained stable since the first year of this survey in 1983.

WEIGHT

9. More men than women are overweight. But more women than men believe they're overweight.

- o The proportion of women who are overweight, however, has increased in the last five years from 47% in 1983 to 53% in 1987.
- o Given these figures, it is not surprising that women are more likely to be dieters, 44% in 1987 compared to only 31% in the men. This figure, however, represents a six percent decline since 1983 when 50% of the women said that they were trying to lose weight.
- o The slight increase in the proportion of people who are overweight during the last five years is primarily due to an 8% increase in overweight people in the mid-West, the area of the country that is also exercising the least.
- o The survey confirms that people with low incomes and relatively little education are more likely to be overweight than upper income or well-educated people.
- o Of equal importance are those who are below their recommended weight range, which may be an indication of malnutrition or illness. In 1987, 16%, almost one out of five of those questioned, were below their recommended weight range, a figure that has remained relatively stable since 1983.

SAFETY

10. The number of people in homes with smoke detectors has increased for the fourth consecutive year to 82% from 67% in 1983.

- o The most rapid growth in the number of people living in homes with smoke detectors has occurred among those groups in the population who needed them most, minorities and people with low incomes.

11. Primarily as a result of legislation at the state level, there has been a 38% increase in the number of people who wear safety belts in their automobiles during the last five years. In 1983, this figure stood at only 19%, less than one out of five Americans. In 1987, this figure had trebled to 57%.

- o Increases in the rate of seatbelt use between 1983 and 1987 have been strongest among women as compared to men and among young people, those 18-29 years of age as compared to older people.
- o Wealthier, more educated people tend to use seatbelts more often.

12. The number of people who say they exceed the speed limit on the nation's highways is on the increase.

- o In 1983, 56% of adult Americans said they never exceed the speed limit compared to 50% in 1987. Young people are about twice as likely as older people to exceed the speed limit. In 1987, only 33% of those 18 to 29 years of age said that they never exceeded the speed limit compared to 64% of those between 50 and 64 years of age and 62% of those 65 years of age and older.

13. The mix of drinking and driving is on the decline.

- o In 1983, 30% of those questioned said that they drove after drinking at least sometimes. By 1987, this figure had declined to 25%. While this 5% decrease is encouraging, it should be noted that even now more than one out of five Americans say that they sometimes drive after drinking.

ROUTINE MEDICAL EXAMS

14. As far as routine medical exams are concerned:

- o Three out of four in the nation now receive a dental exam once a year, a slight increase since 1983.
- o More than eight out of ten Americans receive a blood pressure screening at least once a year.
- o Forty-five percent have their cholesterol monitored at least once a year, a figure that has remained constant since 1983.
 - Older people are far more likely than younger people to have their cholesterol level tested. In 1987 63% of those 65 years of age or older did so, compared to only 36% of those under forty.
 - This difference may be widening, as those over 65 years of age experienced a 9% increase in the rate of cholesterol testing between 1984 and 1987, compared to only about a two or three percent increase of those under 40.

- o In 1987, 75% of the women around the country indicated that they had received a pap smear test for cancer in the last two years.
- While this figure was identical to the 1983 data, it is also worth noting that it represented a 5% decline during the last year.
- Women in the West were most likely to have had a pap smear test in the last two years (84%) and those in the mid-West least likely (68%).
- Only 65% of the Hispanic women questioned indicated that they had received a pap smear test, a 19% decline since 1983.
- Black women, on the other hand, experienced a 12% increase in the rate of regular pap smear testing during the same time period, and now receive, proportionately, more pap smear testing than any other ethnic group (84%).
- The working poor, those women whose family income was between \$15,000-25,000 a year, exhibited a 12% decline in the rate of pap smear testing during the last two years.

SMOKING

15. The overall rate of smoking cigarettes among adult Americans seems to have bottomed out at 28% for the time being.

- o Men and women now smoke cigarettes at equal rates.
- o Although the rate of smoking among both sexes has declined since the Harris firm first measured this number in 1974, the rate of decrease for men has been much higher than the decline among women. Because the rate of decline in smoking among women is lower, the difference in the proportion of men and women smoking has been narrowing over the years, from 10 to 12 percent in the mid-1970's to about equal proportions in the early 1980's.
- o Since 1983, the rate of smoking among men has continued to decline, 6% in all, while the rate of decline among women has been nil. Hence, in 1987, there were slightly more women who smoked than men.
- o Those who smoke are more likely to be younger, less educated, and have fewer financial resources.

- o It should also be noted that the gap between the rich and the poor with respect to smoking may be widening. The decline in smoking has been sharpest among those with higher incomes.

STRESS

16. More women say they are under a great deal of stress at least several days a week than men (35% compared to 27%).

- o Stress tends to increase between 18 and 49 years of age and then decrease among those 50 years of age and older.
- o Stress peaks in the 40-49 year old age group, which experienced a 14% increase in the rate of stress over the last five years.
- o Stress is lowest among those 65 years of age and older, only 13% of whom said that they were under a great deal of stress.
- o Those with four year college degrees experienced the greatest level of stress, with 35% indicating that they felt under a great deal of stress at least several days a week, compared to those without a high school diploma, only 26% of whom said they were under a great deal of stress.
- o These figures represent a 3% decline in the rate of stress for those without a high school diploma compared to a 9% increase among those with four year college degree.

PART I:
HEALTH-ENHANCING BEHAVIORS

CHAPTER 1: DO AMERICANS THINK THE HEALTH CARE SYSTEM IS DOING ENOUGH?

In order to learn how important the practice of prevention is to Americans, we asked whether health care services in their communities have the right balance between treatment and prevention, or should they be giving more emphasis to treatment, or more emphasis to prevention? The data in Table 1-1 show how people responded both in the 1987 survey as well as in the four previous years for which data are available.

Currently a plurality (45%) of the American public still thinks that the health care system should be giving more emphasis to prevention. This figure, however, represents a seven percent decline since 1983. At the same time that the number of those who feel that prevention should be given more emphasis has been declining, the number who feel that the health care system has got the right balance between treatment and prevention has been rising. Currently, over one out of three Americans feel that the health care system has the right balance, as compared to only 18%, less than one out of five, in 1983.

Because of the nature of the question, these figures send a double message. On the one hand, the fact that an increasing number of Americans feel that the health care system has the right balance between prevention and treatment is an indication of a perception on the part of more and more people that more is being done to promote health prior to illness. On the other hand, as those familiar with the health care system are painfully aware, little attention is paid by traditional medicine to the prevention of disease. In 1987, for example, only 31% of the respondents indicated that a physician had volunteered advice about improving their health habits during the last five years. This fact should not be interpreted as an indictment of the health care system,

already overburdened in dealing with those who are beyond preventive measures. It does imply, however, the need for a new institution that would link academic departments of preventive medicine in the major medical schools across the country with state departments of health, in a network of prevention practitioners and policy makers who would work in concert to promote the nation's health. In any event, Americans' declining interest in increasing preventive practices within the health care system should be a cause for concern among everyone interested in promoting good health.

Has the decline in interest in preventive practices occurred uniformly, or is there more or less support for prevention among certain major subgroups in America?

Geographic Location and Population Density

Urban areas and areas in the Western part of the country have led the decline in support for a greater focus on prevention of disease in the health care system. Central cities experienced an 11% decline in those who say the health care system should give more emphasis to prevention, while support in rural areas has remained about the same. Attrition has been greatest in the Western part of the country, which experienced an 18% decline in support for prevention, from a high of 62% in 1983, to a low of 44% in 1987. During this period, the Western states moved from the leader in the promotion of prevention practices to barely above the Southern part of the country, which was and remains the area least concerned with promoting preventive practices in the health care system (Table 1-2).

Individual Demographic Differences

Men and women experienced similar declines in their willingness to promote preventive practices within the health care system. Across the board

declines were also found among the various age groups, although there was a tendency for greater declines among those under 40 years of age as compared to those above 40.

A greater decline also occurred among those in the middle income groups, as compared to those whose household income was under \$15,000 and those whose income was over \$50,000 per year.

On the whole, the decline in support for prevention has occurred in almost every demographic subgroup, but is generally centered among those groups where support was strongest five years ago -- younger, middle income people, especially those in the Western part of the country.

At the same time, the increase in the perception that the health care system now has the right balance between prevention and treatment was greatest in the Eastern and Western sections of the country and about average in the South and Midwest. Aside from this difference, the increase in the perception that the health care system now has the right balance between prevention and treatment has occurred across the boards demographically. More men and women, young and old, rich and poor now believe that the health care system has the right balance (see Table 1-3).

Does Prevention Matter? Is Americans' Declining
Interest in Prevention Within the Health Care System Justified?

How important is living a health conscious lifestyle? The Prevention survey shows that for those interested in feeling good physically, good health practices are very important. As illustrated by the data in Table 1-4, those who are aware of the relationship between their health and behavior and who make preventive practices part of their lifestyle are more likely to report excellent health than those who do not practice disease prevention. Relatively speaking, prevention practitioners are about fifty percent more likely than non-practitioners to report excellent health (21% vs. 31%).

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Clearly, practicing prevention and good physical health go hand in hand. And while everyone wants excellent health, do people make the connection? And, if they do, are they willing to make the effort? Real progress in preventing disease can only be made if people change unhealthy lifestyles. What we eat, how, and how much we exercise, and the steps we take to avoid accidents and serious illness play major roles in determining how healthy we feel. So, too, do the potential health-suppressing behaviors: smoking, over use of alcohol, and stress. Isolated, these behaviors may seem distinct and unconnected. In everyday life, however, they work together to form part of what we refer to as a healthy or unhealthy lifestyle. Is the American health lifestyle changing? What subgroups in the population practice preventive measures in everyday living? Which groups have increased their practice of preventive behaviors? And in which groups have preventive behaviors declined? In the chapters of this report that follow, we will address each of these questions as they pertain to each set of preventive behaviors beginning with diet and nutrition, the subject of Chapter 2.

Q.2

Table 1-1

THE BALANCE BETWEEN TREATMENT AND PREVENTION IN
THE HEALTH CARE SYSTEM

Q.: There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sickness, and another approach -- prevention -- which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

Base	1983	1984	1985	1986	1987
	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>
	1254	1253	1256	1250	1250
	%	%	%	%	%
<u>Balance Between Prevention and Treatment</u>					
Got the right balance	18	23	24	29	32
Should give more emphasis to treatment	12	10	14	8	11
Should give more emphasis to prevention	52	52	51	43	45
More emphasis to both (vol.)	4	3	3	5	3
Not sure	13	12	8	15	9

Q.2

Table 1-2

PERCENTAGE OF ADULTS WHO THINK THAT THE HEALTH CARE
SYSTEM SHOULD GIVE MORE EMPHASIS TO PREVENTION, 1983-1987,
BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sickness, and another approach -- prevention -- which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

	Percent of Total Adults Who Say Prevention				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	52	1250	45	-7
<u>Region</u>					
East	321	53	313	46	-7
Midwest	324	50	311	50	0
South	376	47	386	40	-7
West	233	62	240	44	-18
<u>Urbanism</u>					
Central city	385	54	379	43	-11
Rest of metropolitan area	562	53	572	45	-8
Outside metropolitan area	307	47	299	46	-1
<u>Sex</u>					
Men	608	55	598	46	-9
Women	646	49	652	43	-6
<u>Race</u>					
White	1049	53	1011	45	-8
Black	118	45	95	42	-3
Hispanic	87	42	92	48	+6
<u>Age</u>					
18-29 years	340	51	318	44	-7
30-39 years	285	58	299	46	-12
40-49 years	216	56	175	54	-2
50-64 years	215	52	238	45	-7
65 and over	194	42	211	37	-5

(Continued)

Q.2

Table 1-2 (Continued)

PERCENTAGE OF ADULTS WHO THINK THAT THE HEALTH CARE
SYSTEM SHOULD GIVE MORE EMPHASIS TO PREVENTION, 1983-1987,
BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Percent of Total Adults Who Say Prevention				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	52	1250	45	-7
<u>Education</u>					
Not high school graduate	215	33	201	34	+1
High school graduate	433	51	442	39	-12
Some college	312	58	294	53	-5
Four-year college graduate	291	63	309	52	-11
<u>Household Income</u>					
\$7,500 or less	137	42	123	36	-6
\$7,501-\$15,000	230	47	147	43	-4
\$15,001-\$25,000	287	52	275	43	-9
\$25,001-\$35,000	226	61	222	47	-14
\$35,001-\$50,000	128	64	206	51	-13
\$50,001 and over	108	60	157	56	-4
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	45	498	39	-6
Clerical, sales	148	58	186	47	-11
Professional, manager, or proprietor	424	59	442	53	-6
<u>Self-Described Health Status</u>					
Excellent	343	61	328	48	-13
Very good or good	718	50	734	46	-4
Fair or poor	189	44	185	33	-11

Q.2

Table 1-3

PERCENTAGE OF ADULTS WHO SAY THERE IS THE RIGHT BALANCE BETWEEN
TREATMENT AND PREVENTION, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sickness, and another approach -- prevention -- which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

	Adults Who Say There Is the Right Balance Between Treat- ment and Prevention				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	18	1250	32	+14
<u>Region</u>					
East	321	15	313	30	+15
Midwest	324	22	311	35	+13
South	376	19	386	30	+11
West	233	14	240	33	+19
<u>Urbanism</u>					
Central city	385	15	379	34	+19
Rest of metropolitan area	562	20	572	32	+12
Outside metropolitan area	307	19	299	31	+12
<u>Sex</u>					
Men	608	17	598	31	+14
Women	646	19	652	33	+14
<u>Race</u>					
White	1049	19	1011	34	+15
Black	118	9	95	25	+16
Hispanic	87	20	92	27	+7
<u>Age</u>					
18-29 years	340	21	318	33	+12
30-39 years	285	20	299	33	+13
40-49 years	216	15	175	29	+14
50-64 years	215	16	238	33	+17
65 and over	194	15	211	30	+15

(Continued)

Q.2

Table 1-3 (Continued)

PERCENTAGE OF ADULTS WHO SAY THERE IS THE RIGHT BALANCE BETWEEN
TREATMENT AND PREVENTION, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Say There Is the Right Balance Between Treat- ment and Prevention				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	18	1250	32	+14
<u>Education</u>					
Not high school graduate	215	13	201	29	+16
High school graduate	433	18	442	34	+16
Some college	312	21	294	29	+8
Four-year college graduate	291	19	309	34	+15
<u>Household Income</u>					
\$7,500 or less	137	11	123	31	+20
\$7,501-\$15,000	230	18	147	34	+16
\$15,001-\$25,000	287	22	275	32	+10
\$25,001-\$35,000	226	17	222	34	+17
\$35,001-\$50,000	128	20	206	32	+12
\$50,001 and over	108	23	157	32	+9
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	18	498	31	+13
Clerical, sales	148	18	186	37	+19
Professional, manager, or proprietor	424	18	442	31	+13

Q.1

Table 1-4

TRENDS IN THE PREVENTION INDEX, 1983-1987

Q.: How would you describe your own health?

Those reporting "excellent".

	1983 <u>Survey</u>	1984 <u>Survey</u>	1985 <u>Survey</u>	1986 <u>Survey</u>	1987 <u>Survey</u>
Base	1254	1253	1256	1250	1250
	%	%	%	%	%
<u>Prevention Index Score</u>					
Low (Reluctant)	21 (324)	18 (254)	16 (207)	21 (195)	21 (183)
Moderate (Awakening)	27 (715)	22 (625)	19 (630)	27 (631)	23 (630)
High (Committed)	35 (215)	30 (374)	32 (419)	33 (424)	31 (437)

CHAPTER 2: NUTRITION

Introduction

During the last decade there has been a flood of research supporting the importance of avoiding certain food substances because of their ill effects on health, in particular, cardiovascular problems and cancer. This chapter focuses on how we, as a nation, are doing with respect to limiting the consumption of foods associated with various diseases, as well as increasing the consumption of foods that have been shown to promote good health.

Are Americans Changing Their Dietary Behavior?

Are we, as a nation, moving toward a more healthy diet? As shown by the data in Table 2-1, the answer to this question is a resounding no. Aside from a small increase in calcium consumption and a slight decline in vitamin and mineral consumption, almost no change has taken place in the last five years in the structure of the American diet as it relates to preventing illness.

Currently:

- o Only about one out of three people say they try to avoid caffeine and food additives such as preservatives, colorings, and artificial flavorings.
- o Less than half try a lot to avoid eating too much sugar and sweet food or very high cholesterol foods.
- o Slight majorities are trying a lot to avoid eating too much sodium and fat.
- o Fifty-four percent say that they try a lot to get enough calcium, which, while representing a 4% increase between 1983 and 1987, represents a 3% decline since 1986 when the figure stood at 57%.

These figures paint a rather dismal portrait of the average American diet, still dominated by high fat, low fiber foods. Are there any bright spots?

Are there certain groups of Americans whose diet is improving despite these rather bleak overall trends?

Demographic Differences in Nutritional Patterns

This section of Chapter 2 highlights both the current demographic patterns in each of food substance under consideration and the differences between subgroups with respect to changes in these patterns between 1983 and 1987.

Sodium Consumption

Table 2-2 shows that regionally, the East and the mid-West posted significant gains in avoiding sodium while the South and the West have experienced declines. Most significantly, those in central cities have become much more concerned about salt and sodium, showing a 10% increase between 1983 and 1987 while areas outside central cities experienced slight declines.

As in most areas of nutrition, women express more concern about sodium consumption than men, a difference that was maintained throughout the study period.

Those under thirty expressed the least concern about sodium consumption, and those over fifty the most. There is some indication, however, that this may be changing as younger people's interest in avoiding sodium has risen during the study period by 6% as compared to about a 2% decline among those over fifty.

The decline in interest in avoiding sodium is centered among those with higher income levels, with those whose household income was over \$25,000 experiencing a 5% to 6% decrease in interest and those whose income was under \$25,000 a year experiencing about a 4% increase in avoiding too much salt or sodium.

Avoiding Fat and Cholesterol

For the most part, differences among the various demographic subgroups with respect to the avoidance of fat and cholesterol are slight and inconsistent. It should be noted, however, that those in the lower income groups as well as Black and Hispanic minorities and those with less education may be becoming less concerned about this issue.

Older people, on the other hand, seem to be gaining interest in the avoidance of high cholesterol foods. Especially those between 40 and 64. Those under 40 experienced about a 4% decline in interest in avoiding high cholesterol foods between 1983 and 1987, further increasing the gap between older and younger people in this regard (Tables 2-3 and 2-4).

Avoiding Sugar and Sweets

Population subgroup differences with respect to the avoidance of too much sugar and sweet food are also relatively inconsistent. One exception to this should be noted. Interest in avoiding sugar and sweets seems to be increasing among those with less education and less income, while decreasing among those with more education and more income. Aside from this, demographic patterns indicate that the slight decline in interest in avoiding too much sugar and sweet food has occurred across the board (Table 2-5).

Calcium Consumption

The increase in calcium consumption is one of the few bright spots as far as changes in nutrition are concerned. Interestingly, the data reveal that the 4% increase nationally has not occurred consistently within the various subgroups in the nation. Regionally, for example, the East and Western parts of the country have experienced greater increases in calcium consumption than the mid-West or the South.

At the individual level, women have increased their calcium consumption, exhibiting a 9% increase between 1983 and 1987, while men declined by 3% during the same time period. Calcium consumption among Whites has increased by 5% while decreasing by 8% for Blacks. There is also indication that those with less education and less income are becoming more concerned about their calcium consumption, although these patterns are not as clear as those related to sex and ethnicity (Table 2-6).

The Avoidance of Caffeine in Beverages

Interest in the avoidance of caffeine in beverages has risen slightly in the East and mid-Western sections of the country while declining in the South and the West.

While little differences exist in the rate of change among the other major demographic subgroups with one exception that is worth noting. Interest among Blacks has declined by 13% between 1983 and 1987 while rising slightly for both White and Hispanic groups.

Women remain more concerned about the avoidance of caffeine in beverages as do older people, however, no change has occurred for either men or women, younger or older people during the period of the study (Table 2-7).

The Avoidance of Additives and Preservatives

Like the overall population change of -1%, changes within the various demographic subgroups in terms of the avoidance of additives and preservatives have been slight, inconsistent and for the most part, inconsequential. Two differences are worth noting, however. Those of Hispanic origin experienced a 13% decline over the last 5 years in the proportion trying to avoid additives and preservatives. It also appears that younger people, those under 30, are

becoming less interested in avoiding additives and preservatives. The data show a 6% decline in interest among those under 30, while those over thirty show a slight increase in interest.

Overall, women and older people remain among the most interested groups in the population with the respect to the avoidance of additives and preservatives (Table 2-8).

Fiber Consumption

The Eastern and Western regions of the nation have experienced increases in interest in getting enough fiber while the mid-Western and Southern parts of the country have experienced declines.

While changes for both men and women have not been significant, differences among the three major ethnic groups in the country are important. Whites and Blacks have both experienced slight increases in the fiber consumption while Hispanics have experienced a 16% decline.

Important changes also occurred among the various age groups. Those in their thirties exhibiting a 10% decline in interest in fiber consumption, while those in their forties exhibiting an increase of 13%.

It should also be noted that the majority of the increase in fiber consumption has occurred among those making more than \$35,000 a year, as compared to those making under \$35,000. We found a 3% decrease in those getting enough fiber among people making under \$35,000 and approximately a 4% increase in fiber consumption among those making more than \$35,000 a year.

Currently, women, older people, and more educated people are more likely to be trying a lot to get enough fiber from whole grain cereals, fruits, and vegetables (Table 2-9).

Fish Consumption

While industry sources indicate that fish consumption has been on the rise, our data show that the rise in consumption is due, not to more people eating fish, but perhaps to fish eaters eating more fish. The proportion of American people who say they eat fish twice a week has declined by 1% between 1985, when the data were first collected, and 1987. This slight decline was primarily due to the 5% decrease in fish consumption among people in the Western part of the nation. The decline was also more concentrated among Hispanic people, those over 50 years of age, and those who have less education, primarily those who are not high school graduates. Those with four year college degrees, however, have increased fish consumption in the study period by 5%, as have those whose family income is over \$35,000 a year.

Overall, however, the demographic differences among the various subpopulation characteristics are slight and inconsistent with respect to fish consumption (Table 2-10).

Vitamins and Other Food Supplements

While few clear and consistent demographic differences exist with respect to changes in behavioral patterns related to getting enough vitamins and minerals, there are some differences worth noting. The Western part of the country, for example, experienced a 3% increase, while the mid-West, South, and Eastern sections of the country exhibited declines in concern over vitamin and mineral consumption.

Although women still hold the edge over men in their concern about vitamin and mineral consumption, men's interest has remained stable between 1983 and 1987, while interest among women declined by 6%. Minority groups experienced

greater declines than Whites in general, as did those under 40, and those with more education.

Overall, however, older people and those with more education do the most to try to get enough vitamins and minerals (Table 2 1).

Table 2-1

TRENDS IN DIET & NUTRITION, 1983-1987

	1983 Survey %	1984 Survey %	1985 Survey %	1986 Survey %	1987 Survey %	Percentage Point Change From 1983 to 1987
<u>HEALTH-ENHANCING BEHAVIORS</u>						
<u>Nutrition</u>						
<u>General Diet</u>						
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	+1
Try a lot to avoid eating too much fat	55	59	56	56	54	-1
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	42	0
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	-2
Try a lot to get enough calcium	50	45	57	57	54	+4
Try a lot to avoid caffeine in beverages such as coffee, tea, and certain soda pop	NA	34	37	34	34	0
Try a lot to avoid foods that contain additives such as preservatives, colorings, and artificial flavorings	NA	37	33	36	36	-1
<u>Specific Foods</u>						
Try a lot to eat enough fiber	59	58	59	59	60	+1
Try a lot to eat fish twice a week	NA	NA	34	31	33	-1
Try to eat vegetables in the cabbage family	NA	NA	62	65	59	-3
<u>Food Supplements</u>						
Percent who use food supplements	NA	NA	NA	NA	53	NA
Try a lot to get enough vitamins and minerals	63	57	63	63	59	-4

NOTE: NA = Not applicable. In these categories, and for these years, the questions containing this information were not asked.

Q.10a

Table 2-2

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
SODIUM CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid eating too much salt or sodium?

	Percent Who Try a Lot to Avoid Eating Too Much Salt or Sodium				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	53	1250	54	+1
<u>Region</u>					
East	321	54	313	59	+5
Midwest	324	48	311	52	+4
South	376	51	386	48	-3
West	233	61	240	59	-2
<u>Urbanism</u>					
Central city	385	49	379	59	+10
Rest of metropolitan area	562	55	572	52	-3
Outside metropolitan area	307	53	299	52	-1
<u>Sex</u>					
Men	608	49	598	50	+1
Women	646	56	652	58	+2
<u>Race</u>					
White	1049	53	1011	55	+2
Black	118	55	95	53	-2
Hispanic	87	49	92	48	-1
<u>Age</u>					
18-29 years	340	41	318	47	+6
30-39 years	285	50	299	50	0
40-49 years	216	52	175	53	+1
50-64 years	215	63	238	62	-1
65 and over	194	65	211	62	-3
<u>Education</u>					
Not high school graduate	215	46	201	52	+6
High school graduate	433	52	442	49	-3
Some college	312	54	294	62	+8
Four-year college graduate	291	59	309	54	-5

(Continued)

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Q.10a

Table 2-2 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
SODIUM CONSUMPTION, 1983-1987

	Percent Who Try a Lot to Avoid Eating Too Much Salt or Sodium				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	53	1250	54	+1
<u>Household Income</u>					
\$7,500 or less	137	54	123	62	+8
\$7,501-\$15,000	230	53	147	52	-1
\$15,001-\$25,000	287	49	275	55	+6
\$25,001-\$35,000	226	54	222	50	-4
\$35,001-\$50,000	128	59	206	50	-9
\$50,001 and over	108	57	157	53	-4
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	48	498	47	-1
Clerical, sales	148	50	186	62	+12
Professional, manager, or proprietor	424	59	442	57	-2

Q.10b

Table 2-3

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
FAT CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid eating too much fat?

	Percent Who Try a Lot to Avoid Eating Too Much Fat				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	55	1250	54	-1
<u>Region</u>					
East	321	56	313	54	-2
Midwest	324	51	311	54	+3
South	376	58	386	53	-5
West	233	56	240	55	-1
<u>Urbanism</u>					
Central city	385	56	379	56	0
Rest of metropolitan area	562	54	572	52	-2
Outside metropolitan area	307	58	299	54	-4
<u>Sex</u>					
Men	608	48	598	48	0
Women	646	61	652	59	-2
<u>Race</u>					
White	1049	54	1011	55	+1
Black	118	64	95	53	-11
Hispanic	87	53	92	53	0
<u>Age</u>					
18-29 years	340	42	318	41	-1
30-39 years	285	53	299	50	-3
40-49 years	216	55	175	52	-3
50-64 years	215	63	238	68	+5
65 and over	194	73	211	65	-8
<u>Education</u>					
Not high school graduate	215	58	201	49	-9
High school graduate	433	55	442	51	-4
Some college	312	53	294	59	+6
Four-year college graduate	291	56	309	56	0

(Continued)

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Q.10b

Table 2-3 (Continued)
DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
FAT CONSUMPTION, 1983-1987

	Percent Who Try a Lot to Avoid Eating Too Much Fat				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	55	1250	54	-1
<u>Household Income</u>					
\$7,500 or less	137	55	123	53	-2
\$7,501-\$15,000	230	56	147	54	-2
\$15,001-\$25,000	287	56	275	50	-6
\$25,001-\$35,000	226	52	222	54	+2
\$35,001-\$50,000	128	59	206	55	-4
\$50,001 and over	108	56	157	58	+2
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	54	498	50	-4
Clerical, sales	148	54	186	60	+6
Professional, manager, or proprietor	424	59	442	54	-5

Q.10d

Table 2-4

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
HIGH-CHOLESTEROL FOOD CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats?

	Percent Who Try a Lot to Avoid Eating High-Cholesterol Foods				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	42	1250	42	0
<u>Region</u>					
East	321	46	313	42	-4
Midwest	324	38	311	38	0
South	376	42	386	45	+3
West	233	42	240	43	+1
<u>Urbanism</u>					
Central city	385	42	379	45	+3
Rest of metropolitan area	562	41	572	40	-1
Outside metropolitan area	307	43	299	42	-1
<u>Sex</u>					
Men	608	36	598	35	-1
Women	646	47	652	49	+2
<u>Race</u>					
White	1049	42	1011	44	+2
Black	118	44	95	34	-10
Hispanic	87	40	92	34	-6
<u>Age</u>					
18-29 years	340	28	318	28	0
30-39 years	285	45	299	37	-8
40-49 years	216	41	175	51	+10
50-64 years	215	48	238	52	+4
65 and over	194	57	211	56	-1
<u>Education</u>					
Not high school graduate	215	44	201	41	-3
High school graduate	433	40	442	39	-1
Some college	312	39	294	43	+4
Four-year college graduate	291	46	309	47	+1

(Continued)

LOUIS HARRIS AND ASSOCIATES

Q.10d

Table 2-4 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
HIGH-CHOLESTEROL FOOD CONSUMPTION, 1983-1987

	Percent Who Try a Lot to Avoid Eating High-Cholesterol Foods				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>42</u>	<u>1250</u>	<u>42</u>	<u>0</u>
<u>Household Income</u>					
\$7,500 or less	137	43	123	42	-1
\$7,501-\$15,000	230	39	147	35	-4
\$15,001-\$25,000	287	42	275	41	-1
\$25,001-\$35,000	226	39	222	44	+5
\$35,001-\$50,000	128	40	206	49	+9
\$50,001 and over	108	44	157	41	-3
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	40	498	36	-4
Clerical, sales	148	39	186	50	+11
Professional, manager, or proprietor	424	44	442	45	+1

Q.10f

Table 2-5

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
SUGAR AND SWEET FOOD CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid eating too much sugar and sweet food?

	Percent Who Try a Lot to Avoid Eating Sugar and Sweet Foods				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	51	1250	49	-2
<u>Region</u>					
East	321	52	313	55	+3
Midwest	324	49	311	47	-2
South	376	53	386	46	-7
West	233	52	240	50	-2
<u>Urbanism</u>					
Central city	385	52	379	52	0
Rest of metropolitan area	562	53	572	45	-8
Outside metropolitan area	307	48	299	53	+5
<u>Sex</u>					
Men	608	46	598	42	-4
Women	646	55	652	55	0
<u>Race</u>					
White	1049	52	1011	50	-2
Black	118	51	95	47	-4
Hispanic	87	46	92	46	0
<u>Age</u>					
18-29 years	340	44	318	39	-5
30-39 years	285	48	299	52	+4
40-49 years	216	54	175	52	-2
50-64 years	215	56	238	59	+3
65 and over	194	59	211	50	-9
<u>Education</u>					
Not high school graduate	215	46	201	51	+5
High school graduate	433	51	442	43	-8
Some college	312	51	294	49	-2
Four-year college graduate	291	58	309	57	-1

(Continued)

Q.10f

Table 2-5 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
SUGAR AND SWEET FOOD CONSUMPTION, 1983-1987

	Percent Who Try a Lot to Avoid Eating Sugar and Sweet Foods				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	51	1250	49	-2
<u>Household Income</u>					
\$7,500 or less	137	51	123	56	+5
\$7,501-\$15,000	230	50	147	46	-4
\$15,001-\$25,000	287	49	275	47	-2
\$25,001-\$35,000	226	49	222	48	-1
\$35,001-\$50,000	128	57	206	47	-10
\$50,001 and over	108	57	157	57	0
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	51	498	47	-4
Clerical, sales	148	49	186	54	+5
Professional, manager, or proprietor	424	54	442	48	-6

Q.10g

Table 2-6

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
CALCIUM CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to get enough calcium in foods or in supplements?

	Percent of Those Who Try a Lot to Get Enough Calcium				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	50	1250	54	+4
<u>Region</u>					
East	321	47	313	52	+5
Midwest	324	51	311	51	0
South	376	51	386	51	0
West	233	52	240	63	+11
<u>Urbanism</u>					
Central city	385	46	379	54	+6
Rest of metropolitan area	562	53	572	51	-2
Outside metropolitan area	307	49	299	57	+8
<u>Sex</u>					
Men	608	47	598	44	-3
Women	646	53	652	62	+9
<u>Race</u>					
White	1049	50	1011	55	+5
Black	118	48	95	40	-8
Hispanic	87	54	92	57	+3
<u>Age</u>					
18-29 years	340	47	318	53	+6
30-39 years	285	52	299	49	-3
40-49 years	216	47	175	52	+5
50-64 years	215	49	238	56	+7
65 and over	194	59	211	59	0
<u>Education</u>					
Not high school graduate	215	48	201	50	+2
High school graduate	433	48	442	52	+4
Some college	312	54	294	55	+1
Four-year college graduate	291	53	309	56	+3

(Continued)

LOUIS HARRIS AND ASSOCIATES

Q.10g

Table 2-6 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
CALCIUM CONSUMPTION, 1983-1987

	Percent of Those Who Try a Lot to Get Enough Calcium				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	50	1250	54	+4
<u>Household Income</u>					
\$7,500 or less	137	55	123	62	+7
\$7,501-\$15,000	230	45	147	53	+8
\$15,001-\$25,000	287	49	275	53	+4
\$25,001-\$35,000	226	53	222	56	+3
\$35,001-\$50,000	128	55	206	54	-1
\$50,001 and over	108	48	157	47	-1
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	48	498	47	-1
Clerical, sales	148	50	186	59	+9
Professional, manager, or proprietor	424	53	442	57	+4

Q.10h

Table 2-7

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
CONSUMPTION OF CAFFEINE IN BEVERAGES, 1984-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid caffeine in beverages, such as coffee, tea, and certain soda pop?

	Percent of Those Who Try a Lot to Avoid Caffeine in Beverages				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1253	34	1250	34	0
<u>Region</u>					
East	321	33	313	35	+2
Midwest	326	31	311	37	+6
South	373	33	386	30	-3
West	233	40	240	33	-7
<u>Urbanism</u>					
Central city	384	35	379	33	-2
Rest of metropolitan area	561	33	572	35	+2
Outside metropolitan area	308	34	299	31	-3
<u>Sex</u>					
Men	619	30	598	29	-1
Women	634	37	652	37	0
<u>Race</u>					
White	1089	31	1011	33	+2
Black	110	49	95	36	-13
Hispanic	72	30	92	35	+5
<u>Age</u>					
18-29 years	363	27	318	28	+1
30-39 years	283	33	299	32	-1
40-49 years	175	32	175	29	-3
50-64 years	238	38	238	39	+1
65 and over	190	41	211	44	+3
<u>Education</u>					
Not high school graduate	233	38	201	36	-2
High school graduate	445	32	442	33	+1
Some college	287	30	294	31	+1
Four-year college graduate	286	36	309	35	-1

(Continued)

LOUIS HARRIS AND ASSOCIATES

Q.10h

Table 2-7 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
CONSUMPTION OF CAFFEINE IN BEVERAGES, 1984-1987

	Percent of Those Who Try a Lot to Avoid Caffeine in Beverages				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1253</u>	<u>34</u>	<u>1250</u>	<u>34</u>	<u>0</u>
<u>Household Income</u>					
\$7,500 or less	139	40	123	44	+4
\$7,501-\$15,000	230	33	147	33	0
\$15,001-\$25,000	268	35	275	30	-5
\$25,001-\$35,000	237	34	222	30	-4
\$35,001-\$50,000	159	33	206	34	+1
\$50,001 and over	112	26	157	32	+6
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	523	33	498	30	-3
Clerical, sales	161	34	186	35	+1
Professional, manager, or proprietor	483	35	442	35	0

Q.101

Table 2-8

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
CONSUMPTION OF FOODS THAT CONTAIN ADDITIVES, 1984-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid food that contain additives, such as preservatives, colorings, and artificial flavorings?

	Percent of Those Who Try a Lot to Avoid Foods That Contain Additives				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1253	37	1250	36	-1
<u>Region</u>					
East	321	44	313	43	-1
Midwest	326	29	311	33	+4
South	373	35	386	33	-2
West	233	42	240	38	-4
<u>Urbanism</u>					
Central city	384	42	379	40	-2
Rest of metropolitan area	561	36	572	34	-2
Outside metropolitan area	308	34	299	35	+1
<u>Sex</u>					
Men	619	30	598	32	+2
Women	634	44	652	40	-4
<u>Race</u>					
White	1089	35	1011	35	0
Black	110	47	95	49	+2
Hispanic	72	43	92	30	-13
<u>Age</u>					
18-29 years	363	29	318	23	-6
30-39 years	283	33	299	35	+2
40-49 years	175	37	175	41	+4
50-64 years	238	45	238	47	+2
65 and over	190	46	211	46	0
<u>Education</u>					
Not high school graduate	233	42	201	43	+1
High school graduate	445	34	442	33	-1
Some college	287	36	294	32	-4
Four-year college graduate	286	40	309	42	+2

(Continued)

LOUIS HARRIS AND ASSOCIATES

Q.101

Table 2-8 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
CONSUMPTION OF FOODS THAT CONTAIN ADDITIVES, 1984-1987

	Percent of Those Who Try a Lot to Avoid Foods That Contain Additives				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1253	37	1250	36	-1
<u>Household Income</u>					
\$7,500 or less	139	47	123	42	-5
\$7,501-\$15,000	230	38	147	36	-2
\$15,001-\$25,000	268	39	275	35	-4
\$25,001-\$35,000	237	32	222	36	+4
\$35,001-\$50,000	159	34	206	32	-2
\$50,001 and over	112	35	157	37	+2
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	523	36	498	34	-2
Clerical, sales	161	37	186	27	0
Professional, manager, or proprietor	483	38	442	39	+1

Q.10c

Table 2-9

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
FIBER CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to eat enough fiber from whole grains, cereals, fruits, and vegetables?

	Percent Who Try a Lot to Eat Enough Fiber				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	59	1250	60	+1
<u>Region</u>					
East	321	56	313	62	+6
Midwest	324	59	311	51	-8
South	376	61	386	59	-2
West	233	63	240	67	+4
<u>Urbanism</u>					
Central city	385	60	379	63	+3
Rest of metropolitan area	562	59	572	55	-4
Outside metropolitan area	307	59	299	63	+4
<u>Sex</u>					
Men	608	54	598	52	-2
Women	646	64	652	66	+2
<u>Race</u>					
White	1049	60	1011	61	+1
Black	118	58	95	65	+7
Hispanic	87	59	92	43	-16
<u>Age</u>					
18-29 years	340	47	318	47	0
30-39 years	285	63	299	53	-10
40-49 years	216	54	175	67	+13
50-64 years	215	71	238	72	+1
65 and over	194	68	211	68	0
<u>Education</u>					
Not high school graduate	215	58	201	57	-1
High school graduate	433	54	442	56	+2
Some college	312	61	294	60	-1
Four-year college graduate	291	66	309	66	0

(Continued)

Q. 10c

Table 2-9 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
FIBER CONSUMPTION, 1983-1987

	Percent Who Try a Lot to Eat Enough Fiber				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	59	1250	60	+1
<u>Household Income</u>					
\$7,500 or less	137	59	123	59	0
\$7,501-\$15,000	230	63	147	57	-6
\$15,001-\$25,000	287	60	275	58	-2
\$25,001-\$35,000	226	57	222	56	-1
\$35,001-\$50,000	128	60	206	63	+3
\$50,001 and over	108	55	157	62	+7
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	59	498	54	-5
Clerical, sales	148	58	186	60	+2
Professional, manager, or proprietor	424	62	442	65	+3

Q.10j

Table 2-10

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
CONSUMPTION OF FISH, 1985-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to eat fish twice a week?

	Percent of Those Who Try a Lot to Eat Fish Twice a Week				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1256	34	1250	33	-1
<u>Region</u>					
East	313	35	313	36	+1
Midwest	311	30	311	28	-2
South	388	34	386	34	0
West	244	38	240	33	-5
<u>Urbanism</u>					
Central city	381	37	379	35	-2
Rest of metropolitan area	577	34	572	35	+1
Outside metropolitan area	298	32	299	26	-6
<u>Sex</u>					
Men	616	35	598	33	-2
Women	640	34	652	32	-2
<u>Race</u>					
White	1050	33	1011	33	0
Black	110	41	95	37	-4
Hispanic	55	38	92	21	-17
<u>Age</u>					
18-29 years	320	23	318	26	+3
30-39 years	335	35	299	33	-2
40-49 years	192	33	175	34	+1
50-64 years	253	46	238	41	-5
65 and over	155	41	211	33	-8
<u>Education</u>					
Not high school graduate	182	34	201	24	-10
High school graduate	448	34	442	33	-1
Some college	317	35	294	30	-5
Four-year college graduate	308	34	309	39	+5

(Continued)

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Q.10j

Table 2-10 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
CONSUMPTION OF FISH, 1985-1987

	Percent of Those Who Try a Lot to Eat Fish Twice a Week				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1256	34	1250	33	-1
<u>Household Income</u>					
\$7,500 or less	106	35	123	24	-11
\$7,501-\$15,000	188	33	147	27	-6
\$15,001-\$25,000	272	31	275	32	+1
\$25,001-\$35,000	264	35	222	33	-2
\$35,001-\$50,000	189	32	206	36	+4
\$50,001 and over	145	41	157	45	+4
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	488	31	498	30	-1
Clerical, sales	221	35	186	31	-4
Professional, manager, or proprietor	449	36	442	38	+2

Q.10e

Table 2-11

DEMOGRAPHIC DIFFERENCES IN THE CHANGE
IN THE CONSUMPTION OF VITAMINS
AND MINERALS, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to get enough vitamins and minerals in foods or in supplements?

	Percent of Those Who Try a Lot to Get Enough Vitamins and Minerals				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	63	1250	59	-4
<u>Region</u>					
East	321	60	313	58	-2
Midwest	324	62	311	54	-8
South	376	65	386	59	-6
West	233	64	240	67	+3
<u>Urbanism</u>					
Central city	385	59	379	60	+1
Rest of metropolitan area	562	65	572	58	-7
Outside metropolitan area	307	63	299	58	-5
<u>Sex</u>					
Men	608	55	598	54	-1
Women	646	69	652	63	-6
<u>Race</u>					
White	1049	62	1011	60	-2
Black	118	64	95	52	-12
Hispanic	87	67	92	56	-11
<u>Age</u>					
18-29 years	340	59	318	52	-7
30-39 years	285	71	299	58	-13
40-49 years	216	59	175	58	-1
50-64 years	215	60	238	67	+7
65 and over	194	68	211	62	-6
<u>Education</u>					
Not high school graduate	215	59	201	56	-3
High school graduate	433	61	442	59	-2
Some college	312	66	294	57	-9
Four-year college graduate	291	66	309	62	-4

(Continued)

LOUIS HARRIS AND ASSOCIATES

Q.10e

Table 2-11 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE
IN THE CONSUMPTION OF VITAMINS
AND MINERALS, 1983-1987

	Percent of Those Who Try a Lot to Get Enough Vitamins and Minerals				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>63</u>	<u>1250</u>	<u>59</u>	<u>-4</u>
<u>Household Income</u>					
\$7,500 or less	137	60	123	59	-1
\$7,501-\$15,000	230	62	147	60	-2
\$15,001-\$25,000	287	69	275	58	-11
\$25,001-\$35,000	226	63	222	55	-8
\$35,001-\$50,000	128	63	206	61	-2
\$50,001 and over	108	60	157	58	-2
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	63	498	55	-8
Clerical, sales	148	61	186	66	+5
Professional, manager, or proprietor	424	63	442	60	-3

Q.10k

Table 2-12

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
CONSUMPTION OF VEGETABLES IN THE
CABBAGE FAMILY, 1985-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to eat vegetables in the cabbage family, such as cabbage, broccoli, brussels sprouts, and cauliflower?

	Percent of Those Who Try a Lot to Eat Vegetables in the Cabbage Family				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1256	62	1250	59	-3
<u>Region</u>					
East	313	61	313	59	-2
Midwest	311	55	311	56	+1
South	388	67	386	60	-7
West	244	62	240	63	+1
<u>Urbanism</u>					
Central city	381	61	379	58	-3
Rest of metropolitan area	577	63	572	61	-2
Outside metropolitan area	298	59	299	58	-1
<u>Sex</u>					
Men	616	56	598	55	-1
Women	640	67	652	63	-4
<u>Race</u>					
White	1050	61	1011	59	-2
Black	110	67	95	61	-6
Hispanic	55	72	92	61	-11
<u>Age</u>					
18-29 years	320	52	318	49	-3
30-39 years	335	64	299	59	-5
40-49 years	192	56	175	63	+7
50-64 years	253	71	238	70	-1
65 and over	155	69	211	59	-10
<u>Education</u>					
Not high school graduate	182	67	201	56	-11
High school graduate	448	57	442	59	+2
Some college	317	65	294	60	-5
Four-year college graduate	308	61	309	60	-1

(Continued)

LOUIS HARRIS AND ASSOCIATES

Q.10k

Table 2-12 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN
CONSUMPTION OF VEGETABLES IN THE
CABBAGE FAMILY, 1985-1987

	Percent of Those Who Try a Lot to Eat Vegetables in the Cabbage Family				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1256</u>	<u>62</u>	<u>1250</u>	<u>59</u>	<u>-3</u>
<u>Household Income</u>					
\$7,500 or less	106	58	123	60	+2
\$7,501-\$15,000	188	60	147	58	-2
\$15,001-\$25,000	272	62	275	60	-2
\$25,001-\$35,000	264	66	222	58	-8
\$35,001-\$50,000	189	65	206	59	-6
\$50,001 and over	145	61	157	60	-1
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	488	57	498	57	0
Clerical, sales	221	68	186	66	-2
Professional, manager, or proprietor	449	63	442	58	-5

CHAPTER 3: EXERCISE

Introduction

While proper nutrition provides the fuel the body needs, regular exercise provides the challenge needed for peak performance. It will come as no surprise that as a nation we need to exercise more. Perhaps no other single factor is as important in serving as both a sign of good health and an underlying basis for it. Despite this importance, no national leader since President John Kennedy in the early 1960's has strongly promoted this vital health enhancing activity.

How many Americans exercise regularly? If you ask people if they get any regular exercise either at work or somewhere else the vast majority report that they get regular exercise. In 1987, fully 79% of those questioned indicated that they did so. Generally speaking, "regular exercise" means walking to most people. As indicated by the data in Table 3-1, most Americans say that they have walked for exercise in the past month. Of these, the majority, fully 72% are walking at least several times a week for exercise.

Demographic Differences in Walking for Exercise

Demographically, the slight increase in the proportion of those who say they walk at least several days a week for exercise was centered in the East and mid-Western sections of the country, both of which experienced a 5% increase in this figure, as compared to no increase in the Southern and Western sections of the country.

Women tend to walk for exercise at a higher rate than men, and this discrepancy may be increasing. Between 1986 and 1987 women experienced a 5%

increase in the rate of those who walk at least several days a week for exercise as compared to a 1% decline among men.

Ethnically, Whites and Hispanics are more likely to walk for exercise than Blacks, those in the former two ethnic groups experiencing a 5-8% increase in the number of people who say that they walk for exercise during the last year, while Blacks experienced a 6% decline in this figure.

The number of older people, that is those 65 years of age and older, who say that they walk at least several days a week for exercise has increased dramatically over the last year, some 11%, from 24% in 1986 to 35% in 1987. All other age groups have remained relatively stable during this time period (Table 3-2).

Regular Strenuous Exercise

Although walking is undoubtedly the best exercise for many people, we know from a wide variety of research that regular strenuous exercise, exercise that causes an individual to breathe heavily and the heart and pulse rate to be accelerated, (i.e. aerobic exercise) is the form of exercise most likely to have health and longevity benefits. It is in this vital area that Americans fall short. In 1987, only 35% of those questioned indicated that they got regular strenuous exercise at least three days a week, the recognized minimum for maintaining fitness and good health. Only 20% said that they got exercise four or more days a week, the minimum necessary for improving conditioning. Only 9%, less than one out of ten Americans, make strenuous exercise a regular and routine part of their daily lives.

It is also important to note the number of Americans who say that they get strenuous exercise on an irregular basis, a behavior that has been linked to injuries and sudden death. These "weekend athletes" are usually poorly conditioned, and challenge their bodies in inappropriate ways. They are as much

at risk as those who do little or no regular exercise. In 1987, this group made up 30% of the nation's population, a figure that has remained relatively stable since the first year of this survey, 1983 (Table 3-3).

Regional and Population Density Differences in Strenuous Exercise

Regionally, the Western part of the nation sets the pace in the proportion who exercise, with 44% reporting that they exercise strenuously three or more days a week in 1987. This figure represents a 7% increase over the Wests' figure for 1983. In the South, 38% say they exercise strenuously on a regular basis, which represents a 4% increase over the 1983 figure. In the mid-West, however, only 31% exercise regularly and this figure represents a 5% decline since 1983. The Eastern region remained relatively stable at 31% between 1983 and 1987.

Those in the central cities of the nation tend to exercise strenuously on a more regular basis than those in the rural areas. Since 1983, rural areas have experienced an 7% decline in the number exercising regularly, while urban areas have experienced a 7% increase in this figure.

Individual Characteristics Associated With Regular Strenuous Exercise

Men lead the way in the proportion who say that they exercise strenuously on a regular basis. In 1987, 44% of the men questioned indicated that they did so, while only 28% of the women indicated that they exercised strenuously on a regular basis. These figures have remained almost identical since the first year of the survey.

Ethnically, Blacks exhibited a tremendous increase in the rate of those indicating regular strenuous exercise. In 1983, only 28% of the Blacks questioned indicated that they exercised regularly, whereas in 1987, 48%, an increase of 20% over 1983, indicated that they did so. The rate of strenuous,

regular exercise for Whites and Hispanics remained stable between 1983 and 1987, with 35% of the Whites exercising regularly along with 33% of the Hispanics.

Age plays a major role in determining who is likely to exercise strenuously on a regular basis. Generally speaking, younger people are far more likely to exercise strenuously than older people. In 1987, more than half (51%) of those between the ages of 18 and 29 said that they exercised regularly, compared to only 17% of those 65 years of age and older. That 17% figure represents a 6% decline since 1983 in the rate of strenuous exercise among those over 65 years of age. Those between 50 and 64 years of age have also experienced a decline in the rate of strenuous exercise, from 30% in 1983, to 29% in 1987. All told, the rate for those above 50 declined by about 4%, compared to a 7% increase among those below 50, a difference of 11%. The decline in the rate of regular strenuous exercise for older people has not been offset by walking. People over the age of 50 are no more likely than younger people to say that they walk regularly for exercise.

More education and greater income is associated with higher probability of exercising strenuously on a regular basis. Those who did not graduate from high school show a 5% decline between 1983 and 1987 in the rate of strenuous exercise, as do those whose household income was less than \$7,500 a year experienced a 4% decline during this same period.

Not surprisingly, those who indicate that they exercise strenuously on a regular basis are also more likely to report excellent health. In 1987, 48% of those who said they exercised strenuously on a regular basis said that they were in excellent physical health as compared to only 26% of those who said that they were in fair or poor physical condition. These figures strongly indicate that exercise is both an underlying factor as well as a result of feeling good physically and plays a critical role in any overall strategy to promote the health of the nation.

Q.14, 43b, 15

Table 3-1

TRENDS IN REGULAR EXERCISE, WALKING,
AND STRENUOUS EXERCISE

Q.: At the present time, do you get any regular exercise, either at work or somewhere else?

Q.: How often did you walk for exercise in the past month?

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %
Base					
<u>Regularity of Any Exercise</u>					
Get regular exercise	78	75	77	76	79
Do not get regular exercise	22	25	23	24	21
Not sure	*	*	*	*	*
<u>Frequency of Walking</u>					
(Base)					(794)
Once	NA	NA	NA	2	3
2 to 3 times in month	NA	NA	NA	11	10
Weekly	NA	NA	NA	13	15
Several times a week	NA	NA	NA	31	34
				72	72
Daily	NA	NA	NA	41	38
Not sure	NA	NA	NA	1	*
Refused	NA	NA	NA	*	*

*Less than 0.5%.

NOTE: NA = Not applicable. In these categories, and for those years, the question containing this information was not asked.

(Continued)

Q.14, 43b, 15

Table 3-1 (Continued)
TRENDS IN REGULAR EXERCISE, WALKING,
AND STRENUOUS EXERCISE

Base	1983		1984		1985		1986		1987		
	<u>Survey</u>		<u>Survey</u>		<u>Survey</u>		<u>Survey</u>		<u>Survey</u>		
	1254		1253		1256		1250		1250		
	%		%		%		%		%		
<u>Frequency of Strenuous Exercise</u>											
Never	24		23		21		23		24		
Less than 1 day a month	6		7		8		7		6		
1 to 3 days a month	9		11		13		11		10		
1 day a week	13		14		16		12		14		
2 days a week	12		10		11		12		11		
3 days a week	13		15		13		14		15		
4 to 5 days a week	9	34	9	33	10	31	9	33	11	35	
6 to 7 days a week	12		9		8		10		9		
Not sure	2		1		1		1		1		

Q.43b

Table 3-2

CHANGE IN THE RATE OF WALKING SEVERAL DAYS A WEEK,
DEMOGRAPHIC SUB-POPULATIONS, 1986-1987

Base: Have walked for exercise

Q.: How often did you walk for exercise in the past month?

	Percent of Those Who Walk at Least Several Days a Week				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
<u>Total Adults</u>	857	31	794	34	+3
<u>Region</u>					
East	210	30	202	35	+5
Midwest	219	27	197	32	+5
South	260	33	239	33	0
West	168	34	156	34	0
<u>Urbanism</u>					
Central city	255	29	248	34	+5
Rest of metropolitan area	386	31	353	33	+2
Outside metropolitan area	216	34	193	35	+1
<u>Sex</u>					
Men	396	30	353	29	-1
Women	461	32	441	37	+5
<u>Race</u>					
White	702	32	651	37	+5
Black	74	26	59	20	-6
Hispanic	57	27	57	35	+8
<u>Age</u>					
18-29 years	212	29	181	31	-2
30-39 years	227	30	194	34	+4
40-49 years	119	39	114	39	0
50-64 years	171	35	160	33	-2
65 and over	128	24	140	35	+11
<u>Education</u>					
Not high school graduate	124	24	114	25	+1
High school graduate	306	28	271	35	+7
Some college	225	35	194	32	-3
Four-year college graduate	202	34	213	39	+5

(Continued)

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Q.43b

Table 3-2 (Continued)

CHANGE IN THE RATE OF WALKING SEVERAL DAYS A WEEK,
DEMOGRAPHIC SUB-POPULATIONS, 1986-1987

Base: Have walked for exercise

	Percent of Those Who Walk at Least Several Days a Week				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
<u>Total Adults</u>	857	31	794	34	+3
<u>Household Income</u>					
\$7,500 or less	81	23	80	17	-6
\$7,501-\$15,000	125	29	100	32	+3
\$15,001-\$25,000	182	28	161	33	+5
\$25,001-\$35,000	149	34	152	38	+4
\$35,001-\$50,000	131	38	134	42	+4
\$50,001 and over	101	37	98	36	-1
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	345	28	302	32	+4
Clerical, sales	112	40	122	35	-5
Professional, manager, or proprietor	302	33	295	36	+3
<u>Self-Described Health Status</u>					
Excellent	232	30	210	36	+6
Very good or good	507	30	475	34	+4
Fair or poor	116	38	107	29	-9

Q.15

Table 3-3

CHANGE IN THE RATE OF REGULAR STRENUOUS EXERCISE
FOR VARIOUS DEMOGRAPHIC SUB-POPULATIONS, 1983-1987

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Percentages of Those Who Exercise Strenuously 3 or More Days Per Week				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	34	1250	35	+1
<u>Region</u>					
East	321	29	313	31	+2
Midwest	324	36	311	31	-5
South	376	34	386	38	+4
West	233	37	240	44	+7
<u>Urbanism</u>					
Central city	385	33	379	40	+7
Rest of metropolitan area	562	32	572	36	+4
Outside metropolitan area	307	36	299	29	-7
<u>Sex</u>					
Men	608	42	598	44	+2
Women	646	26	652	28	+2
<u>Race</u>					
White	1049	34	1011	35	+1
Black	118	28	95	48	+20
Hispanic	87	32	92	33	+1
<u>Age</u>					
18-29 years	340	42	318	51	+9
30-39 years	285	39	299	34	-5
40-49 years	216	26	175	35	+9
50-64 years	215	30	238	29	-1
65 and over	194	23	211	17	-6
<u>Education</u>					
Not high school graduate	215	32	201	27	-5
High school graduate	433	31	442	32	+1
Some college	312	36	294	39	+3
Four-year college graduate	291	39	309	42	+3

(Continued)

Q.15

Table 3-3 (Continued)

CHANGE IN THE RATE OF REGULAR STRENUOUS EXERCISE
FOR VARIOUS DEMOGRAPHIC SUB-POPULATIONS, 1983-1987

	Percentages of Those Who Exercise Strenuously 3 or More Days Per Week				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	34	1250	35	+1
<u>Household Income</u>					
\$7,500 or less	137	29	123	25	-4
\$7,501-\$15,000	230	27	147	32	+5
\$15,001-\$25,000	287	37	275	36	-1
\$25,001-\$35,000	226	40	222	39	-1
\$35,001-\$50,000	128	37	206	38	+1
\$50,001 and over	108	40	157	44	+4
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	35	498	37	+2
Clerical, sales	148	24	186	35	+11
Professional, manager, or proprietor	424	36	442	35	-1
<u>Self-Described Health Status</u>					
Excellent	343	46	328	48	+2
Very good or good	718	34	734	32	-2
Fair or poor	189	22	185	26	+4

CHAPTER 4: WEIGHT CONTROL, THE AMERICAN OBSESSION

Introduction

With so few people exercising strenuously it is little wonder that many Americans are obsessed with their weight. Each year billions of dollars are spent on diet workshops, diet foods, and diet books. Since there is little understanding that being thin is a part of a lifestyle that includes exercise and good nutrition, most dieters fail to loose weight.

Are Americans really obsessed about their weight? Forty-three percent feel overweight. Interestingly, more women than men feel this way, even though objectively fewer women are overweight (Table 4-4). Not surprisingly, given these figures, women are more likely to be dieters, 44% in 1987 compared to only 31% of the men. There has, however, been a slight decline in this figure since 1983 when 50% of the women said they were trying to lose weight. (See Table 4-5.)

The failure of Americans to control their weight is shown by the data in Table 4-1. Amidst the abundance of food that we enjoy, six out of ten weigh more than they should for their height and bone structure. Fifteen percent are at least 20% above their recommended weight and only about one out of four are within recommended range.

Of equal importance are those who are below their recommended weight range, which may be an indication of malnutrition or illness. In 1987, 16% of those questioned were below their recommended weight range, a figure that has decreased since 1983.

Demographic Differences In Weight Control

About equal numbers of men and women are currently within their recommended weight range. These figures represent a 6% increase in the number of men who are within their recommended weight range, while this same figure for women has declined by 2% during the same time period.

Ethnically, the proportion of whites within recommended weight range was constant during the last three years, but the rate for Blacks and Hispanics changed significantly. A dramatic improvement occurred among Blacks, only 11% of whom were within their recommended weight range within 1984 compared to 20% in 1987. Hispanics, on the other hand, experienced a decline in the number of people within the recommended weight range from 30% in 1984 to 20% in 1987.

The slight increase in the proportion of Americans within their recommended weight range occurred primarily among those under 40 years of age (10%), while little or no change occurred among those over 40 years of age (Table 4-2).

The slight increase in the proportion of people who are overweight during the last five years is primarily due to an 8% increase in overweight people in the mid-West.

While women still tend to be less overweight than men (66% to 53%), this difference may be narrowing. In 1984, 47% of the women were overweight compared to 53% in 1987. During this same time period men exhibited no difference in the rate of overweight.

Ethnically, Hispanics are worse off in this regard than the other ethnic groups. In 1984, 49% of the Hispanics were overweight, compared to 70% in 1987, an increase of 21%.

The proportion of those overweight tends to increase with age, up to 65 years of age, after which the proportion overweight drops off. Fifty-one

percent of those 18 to 29 years of age were overweight in 1987, compared to 71% of those 50-64 years of age. For those over 65 years of age, however, this figure drops to 57%, a decrease of 6% since 1983. At the same time, however, those under 40 years of age experienced about a 6% increase in the number of people who are overweight.

Being overweight also tends to be isolated in lower socioeconomic strata. Seventy-two percent of those who did not graduate from high school were overweight in 1987, compared to 51% of those with four year college degrees. The pattern among household income groups is not as clear, primarily due to the strong increase in the proportion of overweight among those whose household income was between \$25,000 and \$35,000 a year. This figure has increased 12% since 1983 to a high of 65% (Table 4-3).

Q.11, 12, 13

Table 4-1

TRENDS IN WEIGHT CONTROL

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

Base	1983 Survey 995 %	1984 Survey 1047 %	1985 Survey 1061 %	1986 Survey 1022 %	1987 Survey 1008 %
30% or more above range	6	6	8	6	7
20% to 29.9% above range	9	7	7	7	8
10% to 19.9% above range	15	15	14	15	17
5% to 9.9% above range	13	11	16	15	14
Up to 4.9% above range	16	16	16	15	13

Within recommended range	23	22	21	23	24

Up to 4.9% below range	9	9	9	10	8
5% to 9.9% below range	6	5	4	5	5
10% or more below range	4	3	4	3	3

Based on those aged 25 and above whose weight/height/build/sex combination could be classified, using Metropolitan Life Insurance Company tables.

Q.11, 12, 13

Table 4-2

PERCENTAGE OF ADULTS WHO KEEP THEIR WEIGHT
WITHIN THE RECOMMENDED RANGE 1984-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

	Weight Within Recommended Range*				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1047	22	1008	24	+2
<u>Region</u>					
East	268	20	260	23	+3
Midwest	275	22	253	20	-2
South	311	24	306	25	+1
West	193	23	189	28	+5
<u>Urbanism</u>					
Central city	305	21	293	24	+3
Rest of metropolitan area	476	24	471	25	+1
Outside metropolitan area	266	20	244	23	+3
<u>Sex</u>					
Men	498	18	467	24	+6
Women	549	26	541	24	-2
<u>Race</u>					
White	920	23	843	25	+2
Black	86	11	69	20	+9
Hispanic	48	30	59	20	-10
<u>Age</u>					
18-29 years	161	21	140	29	+8
30-39 years	283	25	284	27	+2
40-49 years	175	22	164	21	-1
50-64 years	238	21	223	20	-1
65 and over	190	20	197	23	+3
<u>Education</u>					
Not high school graduate	206	15	164	15	0
High school graduate	365	24	345	26	+2
Some college	212	22	223	21	-1
Four-year college graduate	263	25	274	30	+5

(Continued)

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Q.11, 12, 13

Table 4-2 (Continued)

PERCENTAGE OF ADULTS WHO KEEP THEIR WEIGHT
WITHIN THE RECOMMENDED RANGE 1984-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Weight Within Recommended Range*				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1047	22	1008	24	+2
<u>Household Income</u>					
\$7,500 or less	115	19	91	19	0
\$7,501-\$15,000	191	23	122	18	-5
\$15,001-\$25,000	220	21	228	28	+7
\$25,001-\$35,000	206	24	182	24	0
\$35,001-\$50,000	142	23	170	23	0
\$50,001 and over	88	26	135	32	+6
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	429	18	391	23	+5
Clerical, sales	137	25	156	23	-2
Professional, manager, or proprietor	409	25	372	29	+4
<u>Self-Described Health Status</u>					
Excellent	247	27	262	29	+2
Very good or good	613	23	587	24	+1
Fair or poor	182	13	157	15	+2

*Based on the 94% of adults aged 25 and over whose weight/height/body-build/sex combination could be classified (N = 1008).

*Percentages may vary slightly due to the inclusion of a small number of cases for which appropriate weight could not be computed.

Q.11, 12, 13

Table 4-3

PERCENTAGE OF ADULTS WHO ARE OVERWEIGHT*, 1984-1987,
BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

	Overweight				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1047	56	1008	59	+3
<u>Region</u>					
East	268	58	260	58	0
Midwest	275	58	253	66	+8
South	311	57	306	59	+2
West	193	51	189	53	-2
<u>Urbanism</u>					
Central city	305	57	293	60	-3
Rest of metropolitan area	476	53	471	58	+5
Outside metropolitan area	266	61	244	61	0
<u>Sex</u>					
Men	498	66	467	66	0
Women	549	47	541	53	+6
<u>Race</u>					
White	920	55	843	57	+2
Black	86	71	69	69	-2
Hispanic	48	49	59	70	+21
<u>Age</u>					
18-29 years	161	43	140	51	+8
30-39 years	283	48	284	53	+5
40-49 years	175	59	164	63	+4
50-64 years	238	66	223	71	+5
65 and over	190	63	197	57	-6
<u>Education</u>					
Not high school graduate	206	67	164	72	+5
High school graduate	365	58	345	61	+3
Some college	212	55	223	58	+3
Four-year college graduate	263	47	274	51	+4

(Continued)

Q.11, 12, 13

Table 4-3 (Continued)

PERCENTAGE OF ADULTS WHO ARE OVERWEIGHT*, 1984-1987,
BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	<u>Overweight</u>				Percentage Point Change From 1984 to 1987
	<u>1984</u>		<u>1987</u>		
	<u>Base</u>	<u>%</u>	<u>Base</u>	<u>%</u>	
<u>Total Adults</u>	<u>1047</u>	<u>56</u>	<u>1008</u>	<u>59</u>	<u>+3</u>
<u>Household Income</u>					
\$7,500 or less	115	64	91	61	-3
\$7,501-\$15,000	191	61	122	66	+5
\$15,001-\$25,000	220	52	228	53	+1
\$25,001-\$35,000	206	53	182	65	+12
\$35,001-\$50,000	142	55	170	59	+4
\$50,001 and over	88	55	135	51	-4
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	429	64	391	66	+2
Clerical, sales	137	45	156	57	+12
Professional, manager, or proprietor	409	52	372	51	-1
<u>Self-Described Health Status</u>					
Excellent	247	49	262	52	+3
Very good or good	613	55	587	60	+5
Fair or poor	182	70	157	70	0

*Based on the 94% of adults aged 25 and over whose weight/height/body-build/sex combination could be classified (N = 1008).

*Percentages may vary slightly due to the inclusion of a small number of cases for which appropriate weight could not be computed.

Q.35

Table 4-4

PERCENTAGE OF ADULTS WHO FEEL OVERWEIGHT, 1986-1987,
BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Right now, do you feel you are overweight, or underweight, or at about the right weight for you?

	Adults Who Feel Overweight				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1250	43	1250	43	0
<u>Region</u>					
East	312	47	313	41	-6
Midwest	313	43	311	44	+1
South	386	42	386	46	+4
West	239	41	240	41	0
<u>Urbanism</u>					
Central city	379	43	379	43	0
Rest of metropolitan area	571	43	572	45	+2
Outside metropolitan area	300	45	299	42	-3
<u>Sex</u>					
Men	602	37	598	37	0
Women	648	49	652	49	0
<u>Race</u>					
White	1030	44	1011	45	+1
Black	111	42	95	36	-6
Hispanic	77	40	92	41	+1
<u>Age</u>					
18-29 years	309	31	318	34	+3
30-39 years	326	45	299	46	+1
40-49 years	179	52	175	53	+1
50-64 years	245	53	238	52	-1
65 and over	191	45	211	39	-6
<u>Education</u>					
Not high school graduate	188	42	201	41	-1
High school graduate	445	43	442	47	+4
Some college	315	45	294	43	-2
Four-year college graduate	302	42	309	41	-1

(Continued)

Q.35

Table 4-4 (Continued)

PERCENTAGE OF ADULTS WHO FEEL OVERWEIGHT, 1986-1987,
BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Feel Overweight				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1250</u>	<u>43</u>	<u>1250</u>	<u>43</u>	<u>0</u>
<u>Household Income</u>					
\$7,500 or less	123	43	123	33	-10
\$7,501-\$15,000	169	42	147	47	+5
\$15,001-\$25,000	264	45	275	42	-3
\$25,001-\$35,000	234	53	222	46	-7
\$35,001-\$50,000	201	42	206	44	+2
\$50,001 and over	137	41	157	44	+3
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	516	46	498	42	-4
Clerical, sales	167	43	186	46	+3
Professional, manager, or proprietor	439	43	442	43	0
<u>Self-Described Health Status</u>					
Excellent	347	37	328	34	-3
Very good or good	725	46	734	46	0
Fair or poor	176	43	185	51	+8

Q.36

Table 4-5

PERCENTAGE OF ADULTS WHO TRIED TO LOSE WEIGHT,
1986-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

Q.: During the past month, have you tried to lose any weight, or not?

	Adults Who Have Tried to Lose Weight				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1250	41	1250	38	-3
<u>Region</u>					
East	312	45	313	38	-7
Midwest	313	40	311	34	-6
South	386	39	386	42	+3
West	239	37	240	37	0
<u>Urbanism</u>					
Central city	379	42	379	41	-1
Rest of metropolitan area	571	40	572	36	-4
Outside metropolitan area	300	40	299	37	-3
<u>Sex</u>					
Men	602	30	598	31	+1
Women	648	50	652	44	-6
<u>Race</u>					
White	1030	40	1011	38	-2
Black	111	39	95	35	-4
Hispanic	77	44	92	44	0
<u>Age</u>					
18-29 years	309	42	318	35	-7
30-39 years	326	42	299	41	-1
40-49 years	179	42	175	37	-5
50-64 years	245	40	238	43	+3
65 and over	191	36	211	32	-4
<u>Education</u>					
Not high school graduate	188	40	201	34	-6
High school graduate	445	40	442	41	+1
Some college	315	40	294	37	-3
Four-year college graduate	302	42	309	37	-5

(Continued)

Q.36

Table 4-5 (Continued)

PERCENTAGE OF ADULTS WHO TRIED TO LOSE WEIGHT,
1986-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

	Adults Who Have Tried to Lose Weight				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1250</u>	<u>41</u>	<u>1250</u>	<u>38</u>	<u>-3</u>
<u>Household Income</u>					
\$7,500 or less	123	39	123	27	-12
\$7,501-\$15,000	169	42	147	43	+1
\$15,001-\$25,000	264	38	275	35	-3
\$25,001-\$35,000	234	47	222	41	-6
\$35,001-\$50,000	201	42	206	38	-4
\$50,001 and over	137	42	157	38	-4
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	516	40	498	35	-5
Clerical, sales	167	40	186	42	+2
Professional, manager, or proprietor	439	42	442	38	-4
<u>Self-Described Health Status</u>					
Excellent	347	39	328	34	-5
Very good or good	725	41	734	39	-2
Fair or poor	176	40	185	40	0

CHAPTER 5: ACCIDENT AVOIDANCE

Introduction

Serious accidents, both in the home and on our nation's highways, cost billions of dollars in healthcare costs, to say nothing of the grief and personal tragedy inflicted on millions of Americans. Some accidents, are of course, unavoidable. Others, however can be avoided. And still others can be made less serious if we learn to take the proper precautions. How are Americans doing with respect to taking those precautions? To find out, we asked respondents to the survey whether or not they take any special steps or precautions to avoid accidents in and around the home, and specifically, whether they have a smoke detector in their home. We also asked about safety precautions they take on our nation's highways, specifically, the extent to which they drive at or below the speed limit, whether or not they wear seat belts when they drive, and whether or not they drive after drinking.

Safety in the Home

The data in Table 5-1 show that, as a nation, we are becoming more safety conscious in the home. In 1987 81% of those questioned indicated that they did take steps in their home to avoid accidents. This compares to the 72% of those questioned in the 1983 survey, an increase of 9%.

Regionally, those in the East and mid-West are taking more safety precautions in the home than in the South and the West, primarily as a result of larger increases in the East and mid-West between 1983 and 1987.

Although women are slightly more likely than men to be safety conscious in the home (85% compared to 77%) and this gap may be widening, most

other demographic subgroups show little difference in the proportion of those taking safety precautions in and around the home. Even younger people, who, in 1983, held the lowest rank in this regard, moved up by 15% and are currently as - safety conscious around the home as older people (Table 5-2).

The Use of Smoke Detectors

In 1987 nearly 82% of Americans used smoke detectors in their homes. This figure represents a 15% increase over the 1983 survey figure which stood at 67%.

Increases were registered in all regions of the country, but especially high increases occurred in the South and mid-West. The Southern region, while still the lowest on this scale, registered a 21-point increase between 1983 and 1987.

Major ethnic groups in the country also show strong differences in the rate of increase of the use of smoke detectors between 1983 to 1987. During that time Blacks increased the number of smoke detectors in the home by 22% from 48% to 70%. Hispanics have also dramatically increased their use of smoke detectors by 20% since 1983 to 79%. Eighty-four percent of the White respondents said they had smoke detectors in the home in 1987, an increase of 14% since 1983.

Age forms a curvilinear relationship with the use of smoke detectors, first rising among respondents between 18 and 49 years of age and then falling off after 50 years of age. This pattern was primarily due to a strong increase in the use of smoke detectors among those 40 to 49 years of age, a group which increased their use of smoke detectors by 22% between 1983 and 1987.

The strongest increase in the use of smoke detectors during the study period occurred among those with the very highest and very lowest family incomes.

Although those in the lower socioeconomic strata still have fewer smoke detectors in their home compared to the highest socioeconomic group, this gap may be narrowing.

The greatest increases registered from 1983 and 1987 were among those who needed the increases most, that is, those who had fewer smoke detectors in the home in 1983 -- primarily low income people and ethnic minorities (Table 5-4).

Safety on Nation's Highways

Year after year, the National Safety Transportation Board publishes figures showing the number of lives that could be saved if people would simply drive within the speed limit and wear seat belts. Not only would lives be saved, but billions of dollars in health care costs would be avoided if these simple safety precautions were taken. The data in Table 5-5 show how we as a nation are doing in this regard.

Since 1983, the nation is doing much better in the use of seat belts. Primarily as a result of legislation at the state level, there was a 38% increase in the number of people who say they wear safety belts between 1983 and 1987. In 1983, this figure stood at only 19% -- less than one out of five Americans. In 1987, this figure had risen to 57%. While commendable, it should be noted that despite this increase less than six out of ten Americans buckle up for safety, so there is still much room for improvement.

Regional and Other Demographic Differences

Even though the mid-West registered an average 38% increase during the study period, only 53% of those in this area of the country now wear seatbelts compared to 65% of those in the Western part of the nation. Those outside major

metropolitan areas also showed much room for improvement. Only 46% of those in rural areas said they wear seat belts all the time in 1987, and while this represented a 33% increase over 1983, rural areas still have the lowest rate of seatbelt use in the country.

Currently, women are more likely to wear seat belts all the time than men, primarily because the rate of increase that occurred among women was greater than that among men between 1983 and 1987. During this period, use of seatbelts among women increased at a rate 11% higher than among men.

Little difference now exists among the various age groups with respect to wearing seatbelts primarily because of the strong increase in the use of seatbelts among young people, 15 to 29 years of age.

Wealthier, more educated people also tend to use seatbelts more often. Among those without a high school diploma, for example, only 43% said they use seatbelts all the time compared to 74% among those with college degrees. This same pattern holds among the various income classifications: those with less household income tend to buckle up less often than those with greater financial resources.

It's also interesting to note that the individual's self-described health status is related to whether or not he or she buckle up. Although the reason for this may not be altogether clear at first glance, it may be that buckling up, a relatively simple, straightforward safety precaution, is an indication of a person's general concern, and awareness of the importance his or her behavior makes in health status. Sixty-seven percent of those who say they are in excellent health buckle up, compared to only 46% of those say they are in poor or only fair health (Tables 5-6 and 5-7).

Speed on the Nation's Highways

The number of people who say they exceed the speed limit on the nation's highways is on the increase. In 1983 only 44% of adult Americans said they exceeded the speed limit at least sometimes, compared to 50% in 1987.

Regionally, the increase in speeding was centered in the West, which experienced a 12% increase in the number of speeders between 1983 and 1987 (See Table 5-8). The mid-West experienced no increase during this period and remains the area of the country with the slowest drivers. Sixty percent of those in the mid-West say that they never exceed the speed limit.

Men tend to exceed the speed limit more often than women a difference that has been maintained since we first measured it in 1983.

Young people are about twice as likely as older people to exceed the speed limit. In 1987 only 33% of those 18 to 29 years of age said that they never exceeded the speed limit, compared to 64% of those between 50 and 64 years of age and 62% of those 65 and older.

Those in the lower socioeconomic strata, those without a high school education and those whose household income was under \$15,000 a year report that they stay within the speed limit more often than those with more education and higher family income (Table 5-8).

Driving After Drinking

Alcohol use has been connected to approximately 50% of the accidents on our nation's highways. Given this figure, we are happy to report that the mix of drinking and driving is on the decline. In 1983, 30% of those questioned said they drove after drinking at least sometimes. By 1987, this figure had declined to 25%. While this 5% decrease is encouraging, it should be noted that even now, more than one out of five Americans say that they sometimes drive after drinking (Table 5-9).

Regional and Demographic Differences

Regionally, the decline in the number of adults who say that they drive after drinking has occurred on a relatively equal basis. The decline in the South was greatest (7%) and this area of the country, perhaps because of greater enforcement of DWI laws, has the fewest number of people who drive after drinking (19%).

The rate of driving after drinking has declined for both men and women, although men are still much more likely than women to drive after they drink (34% vs. 16%). Ethnically, Blacks are least likely to report that they drive after drinking, primarily as a result of the 12% decline in the rate of driving after drinking among Blacks, between 1983 and 1987.

Younger people, those under forty, are still slightly more likely than older people to report that they drive after drinking. The difference between older and younger people, however, has narrowed somewhat over the last five years, as a result of the strong decrease in driving after drinking among those under 30 years of age. In 1983 41% percent of those between 19 and 29 years of age reported that they drove after drinking, compared to only 30% in 1987.

While the decline in the rate of driving after drinking has been relatively equal among the various educational and family income groups, those with more education and greater household incomes still tend to report more driving after drinking than those with less education and fewer financial resources. In 1987 only 15% of those without a high school diploma indicated that they drove after drinking, compared to 30% of those with a four-year college degree. This same pattern holds true for the various levels of household income. Thirty-nine percent, almost four out of ten of those making more than \$50,000 a year said that they drove after drinking at least sometimes, compared to only 16% of those whose household incomes was \$7,500 a year or less.

Q.32, 31, 18

Table 5-1

TRENDS IN SOME ASPECTS OF SAFETY AT HOME

Q.: Do you take any special steps or precautions to avoid accidents in and around your home?

Q.: Do you have a smoke detector in your home, or not?

Q.: Does anyone in your household ever smoke in bed, or not?

	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %
Base					
<u>Precautions at Home</u>					
Yes, take steps	72	81	80	80	81
No, don't take steps	26	18	19	19	18
Not sure	1	1	*	1	1
<u>Smoke Detector</u>					
Have a smoke detector	67	74	76	77	82
Do not have	32	26	24	23	18
Not sure	*	*	*	1	*
<u>Smoking in Bed</u>					
Yes, someone smokes in bed	11	11	9	8	8
No, no one ever smokes in bed	85	74	89	86	88
No one in household smokes (vol.)	3	15	2	5	4
Not sure	*	1	*	*	*

*Less than 0.5%.

Q.32

Table 5-2

PERCENTAGE OF ADULTS WHO TAKE SAFETY
PRECAUTIONS AT HOME, 1983-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Do you take any special steps or precautions to avoid accidents in and around your home?

	Percentage of Adults Who Take Safety Precautions at Home				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	72	1250	81	+9
<u>Region</u>					
East	321	72	313	83	+11
Midwest	324	70	311	83	+13
South	376	74	386	81	+7
West	233	71	240	76	+5
<u>Urbanism</u>					
Central city	385	72	379	80	+8
Rest of metropolitan area	562	72	572	82	+10
Outside metropolitan area	307	71	299	81	+10
<u>Sex</u>					
Men	608	70	598	77	+7
Women	646	74	652	85	+11
<u>Race</u>					
White	1049	70	1011	79	+9
Black	118	83	95	90	+7
Hispanic	87	81	92	89	+8
<u>Age</u>					
18-29 years	340	68	318	83	+15
30-39 years	285	72	299	80	+8
40-49 years	216	74	175	76	+2
50-64 years	215	70	238	82	+12
65 and over	194	80	211	83	+3
<u>Education</u>					
Not high school graduate	215	76	201	84	+8
High school graduate	433	74	442	86	+12
Some college	312	72	294	80	+8
Four-year college graduate	291	65	309	73	+8

(Continued)

Q.32

Table 5-2 (Continued)

PERCENTAGE OF ADULTS WHO TAKE SAFETY
PRECAUTIONS AT HOME, 1983-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Percentage of Adults Who Take Safety Precautions at Home				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>72</u>	<u>1250</u>	<u>81</u>	<u>+9</u>
<u>Household Income</u>					
\$7,500 or less	137	75	123	84	+9
\$7,501-\$15,000	230	74	147	86	+12
\$15,001-\$25,000	287	75	275	84	+9
\$25,001-\$35,000	226	69	222	82	+13
\$35,001-\$50,000	128	65	206	75	+10
\$50,001 and over	108	63	157	74	+11
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	73	498	82	+9
Clerical, sales	148	69	186	80	+11
Professional, manager, or proprietor	424	71	442	79	+8

Table 5-3

CHANGE IN USE OF SMOKE DETECTORS FROM 1983 TO 1987

	<u>Have Smoke Detector in Home</u>				<u>Percentage Point Change From 1983 to 1987</u>
	<u>1983 Survey</u>		<u>1987 Survey</u>		
	<u>Percent Having Detector</u>	<u>Size of Gap</u>	<u>Percent Having Detector</u>	<u>Size of Gap</u>	
<u>Total Adults</u>	<u>67%</u>		<u>82%</u>		<u>+15</u>
<u>Region</u>					
East	79		85		+6
Midwest	68	24	85	9	+17
South	55		76		+21
West	69		81		+12
<u>Urbanism</u>					
Central city	67		80		+13
Rest of metropolitan area	68	3	84	4	+16
Outside metropolitan area	65		80		+15
<u>Race</u>					
White	70		84		+14
Black	48	22	70	14	+22
Hispanic	59		79		+20
<u>Sex</u>					
Men	68		82		+14
Women	66	2	82	0	+16
<u>Age</u>					
18-29 years	70		81		+11
30-39 years	72		87		+15
40-49 years	67	12	89	14	+22
50-64 years	64		77		+7
65 and over	60		75		+15
<u>Education</u>					
Not high school graduate	52		73		+21
High school graduate	67	23	81	16	+14
Some college	75		82		+7
Four-year college graduate	71		89		+18

(Continued)

Table 5-3 (Continued)

CHANGE IN USE OF SMOKE DETECTORS FROM 1983 TO 1987

	Have Smoke Detector in Home				Percentage Point Change From 1983 to 1987
	1983 Survey		1987 Survey		
	Percent Having Detector	Size of Gap	Percent Having Detector	Size of Gap	
<u>Total Adults</u>	<u>67%</u>		<u>82%</u>		<u>+15</u>
<u>Household Income</u>					
\$7,500 or less	52		75		+23
\$7,501-\$15,000	58		74		+16
\$15,001-\$25,000	71		80		+9
\$25,001-\$35,000	77	28	85	26	+8
\$35,001-\$50,000	80		89		+9
\$50,001 and over	76		90		+14
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	62		78		+16
Clerical, sales	66		84		+18
Professional, manager, or proprietor	74	12	89	11	+15

Q.18

Table 5-4

PERCENTAGE OF ADULTS WHO SMOKE IN BED, 1983-1987,
BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Does anyone in your household ever smoke in bed, or not?

	Percentage of Adults Who Smoke in Bed				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	11	1250	8	-3
<u>Region</u>					
East	321	11	313	6	-5
Midwest	324	12	311	9	-3
South	376	11	386	8	-3
West	233	10	240	9	-1
<u>Urbanism</u>					
Central city	385	11	379	8	-3
Rest of metropolitan area	562	12	572	8	-4
Outside metropolitan area	307	10	299	6	-4
<u>Sex</u>					
Men	608	13	598	8	-5
Women	646	9	652	8	-1
<u>Race</u>					
White	1049	10	1011	7	-3
Black	118	22	95	12	-10
Hispanic	87	11	92	10	-1
<u>Age</u>					
18-29 years	340	17	318	11	-6
30-39 years	285	10	299	10	0
40-49 years	216	12	175	4	-8
50-64 years	215	7	238	7	0
65 and over	194	6	211	4	-2
<u>Education</u>					
Not high school graduate	215	14	201	10	-4
High school graduate	433	14	442	8	-6
Some college	312	6	294	8	+2
Four-year college graduate	291	10	309	6	-4

(Continued)

Q.18

Table 5-4 (Continued)

PERCENTAGE OF ADULTS WHO SMOKE IN BED, 1983-1987,
BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Percentage of Adults Who Smoke in Bed				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>11</u>	<u>1250</u>	<u>8</u>	<u>-3</u>
<u>Household Income</u>					
\$7,500 or less	137	12	123	6	-6
\$7,501-\$15,000	230	12	147	5	-7
\$15,001-\$25,000	287	10	275	8	-2
\$25,001-\$35,000	226	11	222	10	-1
\$35,001-\$50,000	128	14	206	8	-6
\$50,001 and over	108	14	157	9	-5
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	12	498	9	-3
Clerical, sales	148	15	186	10	-5
Professional, manager, or proprietor	424	8	442	6	-2

Q.25, 27, 28

Table 5-5

TRENDS IN SOME ASPECTS OF AUTO SAFETY

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

	1983 <u>Survey</u> 1254 %	1984 <u>Survey</u> 1253 %	1985 <u>Survey</u> 1256 %	1986 <u>Survey</u> 1250 %	1987 <u>Survey</u> 1250 %
Base					
<u>Wearing Seatbelts</u>					
All the time	19	27	41	55	57
Sometimes	26	33	31	29	27
Never	53	39	28	15	15
Not applicable (vol.)	1	1	*	1	*
Not sure	*	*	*	-	*

Base: Drivers only

	1983 <u>Survey</u> 1097 %	1984 <u>Survey</u> 1108 %	1985 <u>Survey</u> 1102 %	1986 <u>Survey</u> 1109 %	1987 <u>Survey</u> 1121 %
Base					
<u>Driving at or Below Speed Limit</u>					
All the time	56	52	50	51	50
Sometimes	38	43	45	43	45
Never	5	5	5	5	4
Not sure	*	*	*	*	1
<u>Driving After Drinking</u>					
All the time	5 } 30	4 } 31	3 } 28	3 } 26	2 } 23
Sometimes	25 }	27 }	25 }	23 }	21 }
Never	52	53	59	56	44
Don't drink (vol.)	16	15	12	18	22
Not sure	2	*	1	*	*

*Less than 0.5%.

Q.25

Table 5-6

PERCENTAGE OF ADULTS WHO WEAR SEATBELTS IN THE
FRONT SEAT OF A CAR, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you wear a seatbelt when you are in the front seat of a car --
all the time, sometimes, or never?

	Adults Who Wear Seatbelts All the Time in the Front Seat				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	19	1250	57	+38
<u>Region</u>					
East	321	20	313	56	+36
Midwest	324	15	311	53	+38
South	376	18	386	57	+39
West	233	27	240	65	+38
<u>Urbanism</u>					
Central city	385	22	379	61	+39
Rest of metropolitan area	562	21	572	61	+40
Outside metropolitan area	307	13	299	46	+33
<u>Sex</u>					
Men	608	21	598	53	+32
Women	646	18	652	61	+43
<u>Race</u>					
White	1049	20	1011	58	+38
Black	118	12	95	46	+34
Hispanic	87	17	92	67	+50
<u>Age</u>					
18-29 years	340	17	318	58	+41
30-39 years	285	25	299	57	+32
40-49 years	216	19	175	62	+43
50-64 years	215	17	238	52	+35
65 and over	194	19	211	57	+38
<u>Education</u>					
Not high school graduate	215	8	201	43	+35
High school graduate	433	14	442	50	+36
Some college	312	21	294	60	+39
Four-year college graduate	291	35	309	74	+39

(Continued)

Q.25

Table 5-6 (Continued)

PERCENTAGE OF ADULTS WHO WEAR SEATBELTS IN THE
FRONT SEAT OF A CAR, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Wear Seatbelts All the Time in the Front Seat				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>19</u>	<u>1250</u>	<u>57</u>	<u>+38</u>
<u>Household Income</u>					
\$7,500 or less	137	13	123	54	+41
\$7,501-\$15,000	230	12	147	50	+38
\$15,001-\$25,000	287	20	275	51	+31
\$25,001-\$35,000	226	22	222	58	+36
\$35,001-\$50,000	128	28	206	61	+33
\$50,001 and over	108	27	157	73	+46
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	15	498	48	+33
Clerical, sales	148	19	186	56	+37
Professional, manager, or proprietor	424	27	442	69	+42
<u>Self-Described Health Status</u>					
Excellent	343	26	328	67	+41
Very good or good	718	17	734	56	+39
Fair or poor	189	18	185	46	+28

Table 5-7

SEATBELT LAWS IN 48 STATES AND DISTRICT OF COLUMBIA

STATUS OF SEATBELT LAW IN STATE OF RESIDENCE			
Seatbelt Law by Nov. 1985	Seatbelt Law by Nov. 1986	Seatbelt Law by Nov. 1987	Still No Seatbelt Law in Effect by Nov. 1987
New Jersey	Connecticut	Colorado	Maine
New York	Massachusetts	Indiana	New Hampshire
North Carolina	Maryland	Nevada	Rhode Island
Texas	Washington, D.C.	Montana	Vermont
Illinois	Florida	Oklahoma	Pennsylvania
Michigan	Tennessee	Oregon	West Virginia
Missouri	Louisiana	Virginia	Delaware
Nebraska	Ohio		Alabama
	Iowa		Georgia
	Kansas		Kentucky
	Minnesota		Mississippi
	Idaho		South Carolina
	New Mexico		Arkansas
	Utah		Wisconsin
	California		North Dakota
	Washington state		South Dakota
			Wyoming

LAW SOURCE: National Safety Council, 444 North Michigan Ave., Chicago, Illinois 60611.

Alaska and Hawaii not included in the Prevention Index survey.

Nebraska's seat belt law, which went into effect on Sept. 6, 1985, was repealed by voter referendum in the Nov. 4, 1986 election. The Massachusetts seat belt law, which went into effect on Jan. 1, 1986, also was repealed by voter referendum in the Nov. 4, 1986 election. In the survey analysis both states are categorized as having a seat belt law since their laws were in effect for most of the year and would have affected the behavior being reported in the Nov., 1986 survey.

Q.27

Table 5-8

PERCENTAGE OF ADULTS WHO NEVER EXCEED THE SPEED
LIMIT*, 1983-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

Base: Drivers

Q.: How often do you drive at or below the speed limit -- all the time,
sometimes, or never?

	Drivers Who Never Exceed the Speed Limit				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1097	56	1121	50	-6
<u>Region</u>					
East	262	56	263	49	-7
Midwest	298	60	284	60	0
South	325	54	352	48	-6
West	212	53	222	41	-12
<u>Urbanism</u>					
Central city	322	54	322	46	-8
Rest of metropolitan area	499	55	524	50	-5
Outside metropolitan area	276	59	275	55	-4
<u>Sex</u>					
Men	570	52	574	45	-7
Women	527	60	547	55	-5
<u>Race</u>					
White	937	56	930	49	-7
Black	87	60	71	54	-6
Hispanic	73	52	81	54	+2
<u>Age</u>					
18-29 years	298	44	287	33	-11
30-39 years	267	53	288	51	-2
40-49 years	205	52	165	52	0
50-64 years	186	68	212	64	-4
65 and over	137	75	162	62	-13
<u>Education</u>					
Not high school graduate	150	63	146	56	-7
High school graduate	386	56	404	56	0
Some college	286	55	267	51	-4
Four-year college graduate	273	52	301	38	-14

(Continued)

Q.27

Table 5-8 (Continued)

PERCENTAGE OF ADULTS WHO NEVER EXCEED THE SPEED
LIMIT*, 1983-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

Base: Drivers

	Drivers Who Never Exceed the Speed Limit				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1097</u>	<u>56</u>	<u>1121</u>	<u>50</u>	<u>-6</u>
<u>Household Income</u>					
\$7,500 or less	92	62	86	59	-3
\$7,501-\$15,000	201	63	124	54	-9
\$15,001-\$25,000	262	55	256	55	0
\$25,001-\$35,000	208	50	212	46	-4
\$35,001-\$50,000	123	54	198	47	-7
\$50,001 and over	106	48	150	38	-10
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	471	58	440	56	-2
Clerical, sales	134	54	166	54	0
Professional, manager, or proprietor	384	51	414	43	-8

*Drivers who drive at or below the speed limit all the time.

Q.28

Table 5-9

PERCENTAGE OF ADULTS WHO DRINK AND DRIVE AFTER
DRINKING, 1983-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

Base: Drivers

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

	Percent of Drivers Who Drink and Drive				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1097	30	1121	25	-5
<u>Region</u>					
East	262	30	263	27	-3
Midwest	298	34	284	29	-5
South	325	26	352	19	-7
West	212	29	222	26	-3
<u>Urbanism</u>					
Central city	322	32	322	28	-4
Rest of metropolitan area	499	31	524	25	-6
Outside metropolitan area	276	25	275	22	-3
<u>Sex</u>					
Men	570	39	574	34	-5
Women	527	22	547	16	-6
<u>Race</u>					
White	937	30	930	26	-4
Black	87	28	71	16	-12
Hispanic	73	33	81	33	0
<u>Age</u>					
18-29 years	298	41	287	30	-9
30-39 years	267	33	288	31	-2
40-49 years	205	32	165	31	-1
50-64 years	186	22	212	21	-1
65 and over	137	15	162	9	-6
<u>Education</u>					
Not high school graduate	150	19	146	15	-4
High school graduate	386	25	404	22	-3
Some college	286	35	267	30	-5
Four-year college graduate	273	38	301	30	-8

(Continued)

Q.28

Table 5-9 (Continued)

PERCENTAGE OF ADULTS WHO DRINK AND DRIVE AFTER
DRINKING, 1983-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

Base: Drivers

	Percent of Drivers Who Drink and Drive				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1097	30	1121	25	-5
<u>Household Income</u>					
\$7,500 or less	92	20	86	16	-4
\$7,501-\$15,000	201	27	124	20	-7
\$15,001-\$25,000	262	33	256	20	-13
\$25,001-\$35,000	208	32	212	33	-1
\$35,001-\$50,000	123	38	198	26	-12
\$50,001 and over	106	39	150	39	0
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	471	24	440	24	0
Clerical, sales	134	42	166	29	-13
Professional, manager, or proprietor	384	37	414	25	-12

CHAPTER 6: REGULAR MEDICAL EXAMS

Introduction

In addition to avoiding accidents, getting good nutrition and enough exercise, regular medical exams are also an important part of a program designed to enhance personal health. Regular medical examinations can stop disease in its early stages and thus prevent problems from becoming more serious. In this chapter, we focus on three such exams that pertain to the population as a whole: blood pressure screening, cholesterol tests, and regular dental exams. In addition, we will also take a look at two important exams that pertain to women only, pap smears and regular breast examinations.

Blood Pressure Monitoring

As shown by the data in Table 6-1 Americans are doing quite well with respect to monitoring their blood pressure. In 1987, fully 84% of those questioned indicated that they had a blood pressure screening exam at least once a year.

While this figure for the population as a whole has remained relatively stable between 1983 and 1987, there are some important subgroup differences worth noting. Isolating the various regions around the country, we find a 10% difference between the South and the West. Seventy-nine percent of those in the Western part of the country said they got regular blood pressure readings, compared to 89% of those in those in the South. This difference is primarily due to a 6% rise among those in the South compared to a 3% decline among people living in the West.

Women have generally been more concerned about their blood pressure than men, and this difference seems to be increasing. In 1983, 80% of the men indicated that they received annual blood pressure readings and 84% of the women did so. In 1987, however, only 78% of the men got regular blood pressure readings compared to 89% of the women, a 5% increase.

During this same time period, the proportion of Whites getting regular blood pressure readings increased slightly from 81% to 85% while decreasing for both Blacks and Hispanics. The Black rate decreased by 5%, from 91% in 1983 to 86% in 1987. The Hispanic rate decreased by 9% from 84% to 75% in 1987.

While there is some indication that older people tend to be more concerned about their blood pressure and hence have it checked more regularly than younger people, these differences are relatively slight. Even among the youngest age group, those 18 to 29 years of age, 82% indicated that they got regular blood pressure readings.

Socioeconomic status, as indicated by educational level and household income, play a very minor role in who gets blood pressure readings on an annual basis. While there is a very slight tendency for those who are more educated to get blood pressure readings, this difference is offset by the fact that those with lower incomes tend to get the readings slightly more often than those with higher incomes (Table 6-2).

Cholesterol Testing

In 1987, 45% of those questioned indicated that they received a cholesterol test at least once a year. This figure has changed very little since the question was first asked in 1984, when 43% of those questioned indicated that they received cholesterol testing at least once year.

Regionally, very little difference exists with respect to the rate of cholesterol testing. There is, however, an interesting difference with respect

to the variation between central cities and urban areas. In 1987, 50% of those in urban areas indicated that they received cholesterol testing on an annual basis, compared to only 40% in rural areas. This difference was primarily the result of a 7% increase among those in urban areas between 1983 and 1987 compared to a 5% decline in rural areas.

While men and women, and the various ethnic groups tend to get cholesterol testing on a fairly equal basis, there is a major difference among the various age categories. Younger people report that they get cholesterol testing much less often than older people. In 1987, only 36% of those under 40 indicated that they received cholesterol testing on an annual basis, compared to 63% of those 65 years of age and older. There is also some indication that this difference may be widening, as those over 65 years of age experienced a nine percent increase in the rate of cholesterol testing between 1984 and 1987, compared to only about a two or three percent increase among those under 40. Those between 40 and 64 years of age actually experienced a decline in the rate of cholesterol testing.

Although there is very little difference among the socioeconomic strata in America with respect to cholesterol testing, it should be noted that there is a slight tendency for those in the higher echelons to be tested at slightly lower rates than those in the lower echelons. This is primarily due to an 11% decline in the rate of cholesterol testing among those whose household income was \$50,000 a year or more, compared to an average 7% increase among those making \$15,000 a year or less (Table 6-3).

Regular Dental Exams

In 1987, fully three out of four Americans indicated that they saw a dentist at least once a year. This figure represents a 4% increase over the 1983 figure which stood at 71%.

Regionally, the Eastern and Western parts of the country experienced the greatest gains between 1983 and 1987. In the East, the rate of annual dental checkups increased by 10% from 71% to 81%. In the West, the proportion receiving regular dental exams increased by 7%, compared to a 3% increase among those in the mid-West and a 2% decline among those in the South.

Those in urban areas tend to receive dental checkups more often than those in suburban areas or rural areas. In 1987, 80% of those in urban areas indicated that they received regular dental checkups, compared to only 68% of those in rural areas. The gap between urban and rural areas in this regard may be increasing as urban areas experienced a seven percent increase in the rate of dental checkups, compared to a 5% increase in rural areas during the last five years.

While about equal numbers of men and women received dental checkups on an annual basis there is an important difference with respect to ethnicity that should be noted. In 1987, only 64% of the Blacks questioned indicated that they received regular dental checkups, compared to 77% of the Whites and 80% of the Hispanics. While the rate of increase between 1983 and 1987 for Blacks was slightly above average, they still remain, as a group, underserved in this area.

As one might suspect, money does have something to do with it. As annual household income increases, so too does the rate of regular dental exams. In 1987, 61% of those with incomes of \$7,500 a year or less received annual dental checkups, compared to 91% whose annual household income was \$50,000 a year or more. It should also be noted that the rate of increase in dental exams between 1983 and 1987 was highest among the very lowest income category and the very highest, they experienced a 11% and a 9% increase respectively.

Education levels show a somewhat different pattern. Those with a very low level of education (i.e., those who did not graduate high school) experienced

a 9% decline in the rate of annual dental checkups between 1983 and 1987, and remain the most underserved group. Only 41% indicated that they received an annual dental checkup, compared to 91% of those with four year college degrees. Because those with the highest level of education experience a 10% increase between 1983 and 1987, the gap between those with the highest and lowest educational levels increased.

Age also plays a role in determining who receives annual dental checkups, with younger people far more likely than older people to do so. In 1987, 82% of those under 40 years of age received annual dental checkups compared with 55% of those 65 years of age and older (Table 6-4).

Female Medical Exams

Pap Smear

When we asked women around the country if they had received a pap smear test for cancer in the last two year, 75% indicated that they had done so. While this figure was identical to the 1983 proportion, it is worth noting that it represented a 5% decline during the last year (1986-1987) (Table 6-5).

Regionally, there are some rather dramatic differences with respect to the proportion of women who get regular pap smears. In 1987, only 68% of those in the mid-West indicated that they did so, compared to 84% of those in the West, a figure which represents a 4% increase.

Urban and rural women are also different in this regard: 79% of those questioned in urban areas indicated that they got regular pap smears compared to only 72% of those in rural areas.

There are also some important ethnic differences worth noting. In 1987, only 65% of the Hispanic women questioned indicated that they received regular pap smears, a 19% decline over the 1983 data. Black women, on the other

hand, experienced a 12% increase in the rate of regular pap smear testing during the same time period and now receive proportionately more pap smear testing than any other ethnic groups. Fully 84% of the Black women questioned in 1987 indicated that they received a regular pap smear. This compares to 76% of the White women questioned.

Age is also a determining factor in pap smear testing. Older women are far less likely than younger women to report receiving a regular pap smear test. In 1987, only 55% percent of those 65 years of age and older indicated that they did so, compared to 84% of those under 30 years of age.

Those women with the least education are tested at a lower rate than those with more education. Only 57% of the women questioned who did not have a high school diploma said that they received a regular pap smear test compared to 90% of those with a college degree.

The same pattern holds true for household income. Ninety-one percent of those whose household income was over \$50,000 a year indicated that they received a regular pap test, compared to only 66% of those with incomes of \$7,500 a year or less. Interestingly, about equal increases have occurred in the very highest and the very lowest income categories, with those in the middle income categories either stable or experiencing a slight decline in the rate of pap smear testing. This is especially true of the "working poor", those with family income of \$15,000-\$25,000 a year. Women in this group exhibited a 11% decline in the rate of pap smear testing between 1983 and 1987 (Table 6-6).

Pap smear testing, like other medical examinations, is, in many ways, a sign of health concern and good health, as indicated by the fact that those in excellent health are more likely to say they received a pap smear test than those in fair or poor health. In 1987, 81% of those who reported excellent health indicated that they received a pap smear test, compared to 64% of those in fair or poor health.

The 5% decline in the rate of pap smear testing over the last year was centered in the mid-Western portion of the country, which experienced a 14% decline in this figure since 1986. During that same time period, women in the Western part of the country increased their rate of pap smear testing by 6%. Those outside major metropolitan areas were primarily responsible for the overall decline over the last year, those in rural areas experiencing a 6% decline, while those in central cities experienced little or no change in the rate of pap smear testing.

Ethnically, the decline in pap smear testing was most dramatic among Hispanic people, who registered a 29% drop in the rate of pap smear testing between 1986 and 1987. The rate of pap smear testing among Black women declined slightly, while the rate of pap smear testing for Whites was approximately the same.

While little difference occurred in the rate of pap smear testing among women under 40 years of age, those over 40 experienced a strong decline, some 27% between 1986 and 1987.

The decline in the rate of pap smear testing over the last year was strongest among women with less education and lower family incomes. Those with a high school education or less experienced a 21% decline in the rate of pap smear testing, while those with at least some college experienced a 5% increase. A major drop also occurred among those making less than \$25,000 a year (29%) as compared to those making more than \$25,000 a year (10% increase).

These decreases in the rate of pap smear testing, while similar to those between 1983 and 1987, emphasize the need for education and services to be focused on older women with less education and fewer financial resources who live outside major metropolitan areas (Table 6-7).

Breast Self-Examination

Breast self-examination can identify potentially cancerous tissue before it has a chance to spread and thus can save many lives. Yet, in 1987, only 42% of the women questioned indicated that they examined their breasts on a monthly basis. While this figure represents a 5% increase over the 1983 data, it should be noted that between 1985 and 1987 there was a 6% decline in this figure.

Regionally the increase between 1983 and 1987 in monthly self-examinations of the breast occurred across the board and the regions remained relatively equal in terms of the number of women who examine their breasts monthly.

Ethnically, Hispanic women are becoming more concerned. In 1987, 47% of those questioned indicated that they examined their breasts on a monthly basis, a 15% increase over their rate of breast self-examination in 1983. Blacks, on the other hand, experienced an 8% decline during the same time period and have moved from the highest rate in 1983 (48%) to the lowest rate in 1987 (40%).

Age exhibits a curvilinear pattern with respect to monthly breast examination. Those in the lowest and highest age categories exhibit the lowest rate of breast examination, and those in the middle age categories, especially those 40-64 years of age, experienced the highest rate, approximately 50%.

Women of various educational levels examine their breasts on a relatively equal basis. Household income, on the other hand, does seem to have some impact, with those in the middle income categories indicating that they examine their breasts more regularly than those in the very lowest and very highest category. These figures are primarily due to the fact that between 1983 and 1987 more women making \$15,000-\$35,000 a year started examining their

breasts on a frequent basis than those in the lowest and highest income groups. Those in the \$25,000-\$35,000 a year range experience the greatest increase in monthly breast exams, totalling 19% between 1983 and 1987 (Table 6-8).

While the 5% increase in monthly breast self-examinations between 1983 and 1987 is encouraging, the 6% decline between 1985 and 1987 is a source of concern. The data, presented in Table 6-9, indicate that this drop in monthly self-examination occurred most dramatically in the Southern part of the country, which experienced a 13% decline in this figure. Though suburban areas experienced a 4% increase in monthly breast self-examinations, central cities and rural areas experienced declines averaging 13-14%.

The decline in monthly self-examinations of the breast was most prominent among Black women, who experienced an 11% decline between 1985 and 1987 from 51% to 40%. White women, on the other hand, experienced about an average decline (6%), while Hispanic women experienced a 4% increase in this figure.

The decline over the last two years in monthly breast self-examinations among women was centered primarily among women under 30, who experienced a 10% decline in this figure. The rate among other age groups was either at or below the average decline that has occurred (6%).

Women with less than a high school education also experienced above average declines in the rate of monthly self-examination of the breast. In 1985 59% of those without a high school diploma indicated that they examined their breasts monthly, compared to only 44% in 1987. It should also be noted, however, that despite this decline, those without a high school diploma still show the highest proportion of women who say that they examine their breasts on a monthly basis.

Women whose household income is between \$15,000 and \$35,000 have experienced approximately a 14% increase in the rate of monthly self-examination, while those with less income, that is those making less than \$15,000 a year have experienced about a 17% decline. Interestingly, those making more than \$35,000 a year have also experienced a sharp decline in the rate of monthly self-examination of the breasts, some 27% since 1985.

Q.3, 4, 7

Table 6-1

TRENDS IN MEDICAL EXAMS AND TESTS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a checkup?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	Percentage Point Change From 1983 to 1987
Base	1254 %	1253 %	1256 %	1250 %	1250 %	
<u>Blood Pressure Screen</u>						
More often than once a year	52	59	59	55	56	+2
Once a year	30	26	28	29	28	
Every two years	6	5	5	5	6	
Every three or four years	2	2	3	3	3	
Every five years or less often	3	2	3	4	2	
Never	5	3	2	3	3	
Not sure	2	2	1	1	2	
<u>Cholesterol Test</u>						
More often than once a year	x	17	20	18	19	+2
Once a year	x	26	28	28	26	
Every two years	x	8	7	8	7	
Every three or four years	x	6	4	5	4	
Every five years or less often	x	4	6	5	5	
Never	x	32	29	30	34	
Not sure	x	7	5	6	4	
<u>Dental Exam</u>						
More often than once a year	44	45	46	49	50	+4
Once a year	27	27	28	27	25	
Every two years	8	7	7	6	6	
Every three or four years	4	4	3	3	4	
Every five years or less often	3	5	4	4	4	
Never	11	10	11	11	10	
Not sure	3	1	1	1	1	

*Less than 0.5%.

Q.3

Table 6-2

PERCENTAGE OF ADULTS WHO HAVE ANNUAL BLOOD
PRESSURE READINGS, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you have a blood pressure reading?

	Adults Who Have Annual Blood Pressure Readings				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	82	1250	84	+2
<u>Region</u>					
East	321	81	313	84	+3
Midwest	324	85	311	83	-2
South	376	83	386	89	+6
West	233	82	240	79	-3
<u>Urbanism</u>					
Central city	385	84	379	85	+1
Rest of metropolitan area	562	82	572	86	+4
Outside metropolitan area	307	85	299	81	-4
<u>Sex</u>					
Men	608	80	598	78	-2
Women	646	84	652	89	+5
<u>Race</u>					
White	1049	81	1011	85	+4
Black	118	91	95	86	-5
Hispanic	87	84	92	75	-9
<u>Age</u>					
18-29 years	340	81	318	82	+1
30-39 years	285	80	299	82	+2
40-49 years	216	81	175	83	+2
50-64 years	215	82	238	84	+2
65 and over	194	91	211	90	-1
<u>Education</u>					
Not high school graduate	215	79	201	82	+3
High school graduate	433	84	442	83	-1
Some college	312	86	294	85	-1
Four-year college graduate	291	82	309	86	+4

(Continued)

Q.3

Table 6-2 (Continued)

PERCENTAGE OF ADULTS WHO HAVE ANNUAL BLOOD
PRESSURE READINGS, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Have Annual Blood Pressure Readings				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>82</u>	<u>1250</u>	<u>84</u>	<u>+2</u>
<u>Household Income</u>					
\$7,500 or less	137	87	123	86	-1
\$7,501-\$15,000	230	81	147	88	+7
\$15,001-\$25,000	287	76	275	81	+5
\$25,001-\$35,000	226	87	222	85	-2
\$35,001-\$50,000	128	86	206	85	-1
\$50,001 and over	108	85	157	82	-3
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	83	498	90	+7
Clerical, sales	148	79	186	90	+11
Professional, manager, or proprietor	424	83	442	84	+1

Q.4

Table 6-3

PERCENTAGE OF ADULTS WHO HAVE ANNUAL CHOLESTEROL
TESTS, 1984-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you have a blood test for your cholesterol level?

	Adults Who Have Annual Cholesterol Tests				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1253	43	1250	45	+2
<u>Region</u>					
East	321	44	313	48	+6
Midwest	326	39	311	41	+2
South	373	48	386	48	0
West	233	41	240	44	+3
<u>Urbanism</u>					
Central city	384	43	379	50	+7
Rest of metropolitan area	561	43	572	46	+3
Outside metropolitan area	308	45	299	40	-5
<u>Sex</u>					
Men	619	42	598	43	+1
Women	634	44	652	47	+3
<u>Race</u>					
White	1089	42	1011	45	+3
Black	110	53	95	56	+3
Hispanic	72	46	92	41	-5
<u>Age</u>					
18-29 years	363	33	318	36	+3
30-39 years	283	34	299	36	+2
40-49 years	175	45	175	43	-2
50-64 years	238	59	238	56	-3
65 and over	190	54	211	63	+9
<u>Education</u>					
Not high school graduate	233	53	201	50	-3
High school graduate	445	41	442	44	+3
Some college	287	39	294	44	+5
Four-year college graduate	286	44	309	46	+2

(Continued)

Q.4

Table 6-3 (Continued)

PERCENTAGE OF ADULTS WHO HAVE ANNUAL CHOLESTEROL
TESTS, 1984-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

	Adults Who Have Annual Cholesterol Tests				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1253</u>	<u>43</u>	<u>1250</u>	<u>45</u>	<u>+2</u>
<u>Household Income</u>					
\$7,500 or less	139	47	123	51	+4
\$7,501-\$15,000	230	38	147	48	+10
\$15,001-\$25,000	268	45	275	45	0
\$25,001-\$35,000	237	39	222	38	-1
\$35,001-\$50,000	159	38	206	46	+8
\$50,001 and over	112	54	157	43	-11
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	523	42	498	42	0
Clerical, sales	161	46	186	48	+2
Professional, manager, or proprietor	483	44	442	50	+6

Q.7

Table 6-4

PERCENTAGE OF ADULTS WHO HAVE ANNUAL
DENTAL CHECKUPS, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you go to the dentist for treatment or a checkup?

	Adults Who Have Annual Dental Checkups				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	71	1250	75	+4
<u>Region</u>					
East	321	71	313	81	+10
Midwest	324	69	311	72	+3
South	376	69	386	67	-2
West	233	76	240	83	+7
<u>Urbanism</u>					
Central city	385	73	379	80	+7
Rest of metropolitan area	562	74	572	75	+1
Outside metropolitan area	307	63	299	68	+5
<u>Sex</u>					
Men	608	68	598	73	+5
Women	646	73	652	77	+4
<u>Race</u>					
White	1049	73	1011	77	+4
Black	118	58	95	64	+6
Hispanic	87	70	92	80	+10
<u>Age</u>					
18-29 years	340	78	318	82	+4
30-39 years	285	75	299	84	+9
40-49 years	216	79	175	86	+7
50-64 years	215	65	238	63	-2
65 and over	194	50	211	55	+5
<u>Education</u>					
Not high school graduate	215	52	201	41	-9
High school graduate	433	69	442	74	+5
Some college	312	78	294	84	+6
Four-year college graduate	291	81	309	91	+10

(Continued)

Q.7

Table 6-4 (Continued)

PERCENTAGE OF ADULTS WHO HAVE ANNUAL
DENTAL CHECKUPS, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Have Annual Dental Checkups				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>71</u>	<u>1250</u>	<u>75</u>	<u>+4</u>
<u>Household Income</u>					
\$7,500 or less	137	50	123	61	+11
\$7,501-\$15,000	230	61	147	59	-2
\$15,001-\$25,000	287	70	275	73	+3
\$25,001-\$35,000	226	82	222	85	+3
\$35,001-\$50,000	128	86	206	86	0
\$50,001 and over	108	82	157	91	+9
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	67	498	68	+1
Clerical, sales	148	71	186	79	+8
Professional, manager, or proprietor	424	80	442	85	+5

Q.8, 9

Table 6-5

TRENDS IN TESTS AND SELF-EXAMS FOR WOMEN

Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	Percentage Point Change From 1983 to 1987
Base	646 %	634 %	640 %	648 %	652 %	
<u>Pap Smear</u>						
More often than once a year	18	23	15	17	17	-1
Once a year	49 } 75	46 } 77	54 } 78	55 } 80	51 } 75	+2
Every two years	8	8	9	8	7	-1
Every three years	4	3	3	4	4	0
Every four or five years	3	2	3	2	3	0
Every six years or less often	2	4	3	4	3	+1
Never	13	11	12	7	10	-3
Not applicable (vol.)	1	2	1	2	2	+1
Not sure	2	1	1	*	2	0
<u>Breast Self-Exam</u>						
At least once a month	37	42	48	45	42	+5
Several times a year	30	27	30	30	29	-1
Once a year	9	10	8	6	9	0
Less than once a year	4	4	3	3	4	0
Never	15	13	9	12	13	-2
I never do it -- doctor does it (vol.)	2	2	1	3	2	0
Not applicable (vol.)	*	*	-	*	1	+1
Not sure	1	1	1	*	1	0

*Less than 0.5%

Q.8

Table 6-6

PERCENTAGE OF WOMEN WHO HAVE
PAP SMEARS, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

Q.: How often do you have a Pap smear test for cancer?

	Women Who Have Pap Smears Every One or Two Years				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	646	75	652	75	0
<u>Region</u>					
East	162	75	174	75	0
Midwest	165	69	163	68	-1
South	208	76	215	77	+1
West	111	80	100	84	+4
<u>Urbanism</u>					
Central city	190	76	191	79	+3
Rest of metropolitan area	287	79	285	75	-4
Outside metropolitan area	169	67	176	72	+5
<u>Race</u>					
White	530	75	523	76	+1
Black	75	72	53	84	+12
Hispanic	41	84	46	65	-19
<u>Age</u>					
18-29 years	163	82	148	84	+2
30-39 years	139	85	139	90	+5
40-49 years	103	88	94	79	-9
50-64 years	118	63	134	64	+1
65 and over	119	60	130	55	-5
<u>Education</u>					
Not high school graduate	128	62	116	57	-5
High school graduate	230	79	247	70	-9
Some college	160	77	155	85	+8
Four-year college graduate	127	83	130	90	+7

(Continued)

Q.8

Table 6-6 (Continued)

PERCENTAGE OF WOMEN WHO HAVE
PAP SMEARS, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

	Women Who Have Pap Smears Every One or Two Years				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	646	75	652	75	0
<u>Household Income</u>					
\$7,500 or less	93	59	87	66	+7
\$7,501-\$15,000	120	72	93	73	+1
\$15,001-\$25,000	142	82	141	71	-11
\$25,001-\$35,000	101	81	107	83	+2
\$35,001-\$50,000	58	93	87	85	-8
\$50,001 and over	45	84	60	91	+7
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	285	75	249	68	-7
Clerical, sales	76	72	116	88	+16
Professional, manager, or proprietor	210	78	213	82	+4
<u>Self-Described Health Status</u>					
Excellent	156	80	160	81	+1
Very good or good	385	77	374	77	0
Fair or poor	102	56	115	64	+8

Q.8

Table 6-7

PERCENTAGE OF WOMEN WHO HAVE
PAP SMEARS, 1986-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

Q.: How often do you have a Pap smear test for cancer?

	Women Who Have Pap Smears Every One or Two Years				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
<u>Total Adults</u>	648	80	652	75	-5
<u>Region</u>					
East	172	81	174	75	-6
Midwest	170	82	163	68	-14
South	203	78	215	77	-1
West	103	78	100	84	+6
<u>Urbanism</u>					
Central city	196	80	191	79	-1
Rest of metropolitan area	291	81	285	75	-6
Outside metropolitan area	161	78	176	72	-6
<u>Race</u>					
White	516	78	523	76	-2
Black	75	90	53	84	-6
Hispanic	38	94	46	65	-29
<u>Age</u>					
18-29 years	151	86	148	84	-2
30-39 years	162	86	139	90	+4
40-49 years	83	83	94	79	-4
50-64 years	139	80	134	64	-16
65 and over	113	62	130	55	-7
<u>Education</u>					
Not high school graduate	112	70	116	57	-13
High school graduate	236	79	247	71	-8
Some college	159	85	155	85	0
Four-year college graduate	141	85	130	90	+5

(Continued)

Q.8

Table 6-7 (Continued)

PERCENTAGE OF WOMEN WHO HAVE
PAP SMEARS, 1986-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

	Women Who Have Pap Smears Every One or Two Years				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
<u>Total Adults</u>	648	80	652	75	-5
<u>Household Income</u>					
\$7,500 or less	84	72	87	66	-6
\$7,501-\$15,000	95	85	93	73	-12
\$15,001-\$25,000	146	82	141	71	-11
\$25,001-\$35,000	111	83	107	83	0
\$35,001-\$50,000	89	87	87	85	-2
\$50,001 and over	51	81	60	91	+10
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	264	77	249	68	-9
Clerical, sales	100	80	116	88	+8
Professional, manager, or proprietor	204	84	213	82	-2
<u>Self-Described Health Status</u>					
Excellent	166	84	160	81	-3
Very good or good	376	81	374	77	-4
Fair or poor	106	69	115	64	-5

Q.9

Table 6-8

PERCENTAGE OF WOMEN WHO EXAMINE THEIR
BREASTS ONCE A MONTH, 1983-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	Women Who Examine Their Breasts Monthly				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	646	37	652	42	+5
<u>Region</u>					
East	162	36	174	43	+7
Midwest	165	35	163	42	+7
South	208	37	215	41	+4
West	111	44	100	41	-3
<u>Urbanism</u>					
Central city	190	40	191	37	-3
Rest of metropolitan area	287	37	285	47	+10
Outside metropolitan area	169	34	176	39	+5
<u>Race</u>					
White	530	36	523	41	+5
Black	75	48	53	40	-8
Hispanic	41	32	46	47	+15
<u>Age</u>					
18-29 years	163	33	148	31	-2
30-39 years	139	34	139	44	+10
40-49 years	103	46	94	52	+6
50-64 years	118	34	134	48	+14
65 and over	119	42	130	40	-2
<u>Education</u>					
Not high school graduate	128	37	116	44	+7
High school graduate	230	41	247	43	+2
Some college	160	37	155	43	+8
Four-year college graduate	127	32	130	38	+6

(Continued)

Q.9

Table 6-8 (Continued)

PERCENTAGE OF WOMEN WHO EXAMINE THEIR
BREASTS ONCE A MONTH, 1983-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

	Women Who Examine Their Breasts Monthly.				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	646	37	652	42	+5
<u>Household Income</u>					
\$7,500 or less	93	40	87	45	+5
\$7,501-\$15,000	120	37	93	37	0
\$15,001-\$25,000	142	44	141	50	+6
\$25,001-\$35,000	101	31	107	50	+19
\$35,001-\$50,000	58	32	87	33	+1
\$50,001 and over	45	28	60	35	+7
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	285	39	249	40	+1
Clerical, sales	76	30	116	48	+18
Professional, manager, or proprietor	210	33	213	40	-7
<u>Self-Described Health Status</u>					
Excellent	156	37	160	43	+6
Very good or good	385	36	374	40	+4
Fair or poor	102	43	115	48	-5

Q.9

Table 6-9

PERCENTAGE OF WOMEN WHO EXAMINE THEIR
BREASTS ONCE A MONTH, 1985-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	Women Who Examine Their Breasts Monthly				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
<u>Total Adults</u>	640	48	652	42	-6
<u>Region</u>					
East	161	44	174	43	-1
Midwest	172	45	163	42	-3
South	202	54	215	41	-13
West	105	45	100	41	-4
<u>Urbanism</u>					
Central city	188	50	191	37	-13
Rest of metropolitan area	285	43	285	47	+4
Outside metropolitan area	167	53	176	39	-14
<u>Race</u>					
White	533	47	523	41	-6
Black	58	51	53	40	-11
Hispanic	26	43	46	47	+4
<u>Age</u>					
18-29 years	159	41	148	31	-10
30-39 years	156	47	139	44	-3
40-49 years	98	56	94	52	-4
50-64 years	144	52	134	48	-4
65 and over	82	47	130	40	-7
<u>Education</u>					
Not high school graduate	106	59	116	44	-15
High school graduate	252	45	247	43	-2
Some college	165	46	155	43	-3
Four-year college graduate	116	41	130	38	-3

(Continued)

Q.9

Table 6-9 (Continued)

PERCENTAGE OF WOMEN WHO EXAMINE THEIR
BREASTS ONCE A MONTH, 1985-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

	Women Who Examine Their Breasts Monthly				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
<u>Total Adults</u>	640	48	652	42	-6
<u>Household Income</u>					
\$7,500 or less	72	49	87	45	-4
\$7,501-\$15,000	112	50	93	37	-13
\$15,001-\$25,000	142	45	141	50	+5
\$25,001-\$35,000	109	41	107	50	+9
\$35,001-\$50,000	93	49	87	33	-16
\$50,001 and over	49	46	60	35	-11
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	248	51	249	40	-11
Clerical, sales	127	44	116	48	+4
Professional, manager, or proprietor	204	46	213	40	-6
<u>Self-Described Health Status</u>					
Excellent	131	39	160	43	+4
Very good or good	414	50	374	40	-10
Fair or poor	95	49	115	48	-1

CHAPTER 7: SPECIAL TOPICS IN HEALTH ENHANCEMENT:
AMERICAN ATTITUDES AND BEHAVIOR TOWARD THE AIDS EPIDEMIC

AIDS (Acquired Immune Deficiency Syndrome) is currently, and will continue to be, one of the most critical health care topics of the late 20th Century. At the current time, more than 50,000 Americans have the disease and it is estimated that by the year 1991 this figure will have risen to 270,000.

Although the disease has already reached major epidemic proportions among the homosexual and I.V. drug using communities, most Americans feel that five years from now AIDS will not be a major epidemic. Concern is rising, however. In the two years between 1985 (the first year AIDS questions were asked) and 1987, the number of people who think AIDS will become a major epidemic has almost doubled, from 14% to 27%. Even with this increase, only about one out of four Americans believe that five years from now AIDS will be a major epidemic (Table 7-1).

Regionally those in the South and Western parts of the country express more concern that AIDS will become a major epidemic as compared to the East and mid-West. The rate of growth in concern is also highest among those in the South and West.

Men and women are about equally concerned, although concern among women is rising at a faster rate than among men.

Both ethnic and age group differences are small. Equal concern that AIDS will grow into an epidemic exists among Blacks and Whites, young and old.

Differences among household income categories are slight and inconsistent. The respondents' education level, on the other hand, does show an interesting difference that should be noted. Those with four-year college

degrees are less likely to think that AIDS will grow into a major epidemic than those without four-year college degrees. The rate of increase in concern during the last two years is also lower than average among those with four-year college degrees.

While only a minority feel that AIDS will be a major epidemic five years from now, the vast majority, more than six out of ten Americans, think that it will be a growing health problem.

Given the rising concern about AIDS as a potential epidemic and a growing health problem, it is not surprising that more and more Americans think that they, themselves, run the risk of catching AIDS. As shown by the data in Table 7-2, 16% of adults in America currently believe that they run the risk of catching AIDS, an increase of 6% during the last two years.

Regionally, concern about the personal risk of catching AIDS is rising most rapidly in the Western part of the country. Concern is slightly lower in the mid-West, but generally speaking, equal levels of concern exists across the nation.

About the same number of men and women expressed concern about catching AIDS. Although there is indication that concern among men is rising faster than among women.

Those of the three major ethnic groups in the country expressed equal concern about the personal hazards of catching AIDS.

Younger people, who may have more sexual partners, expressed more concern than those above 50 years of age. The rate of increase in concern about the personal hazards of catching AIDS is also substantially greater among those under 50 years of age as compared to those older than 50.

Personal concern about getting AIDS cuts across the socio-economic strata, but is more likely to be found among those with more education and

higher household income. The rate of increase in concern, however, is relatively equal among the various socio-economic strata in society.

It is interesting to note that while personal concern is higher among the more educated, concern that AIDS will become an epidemic in the next 5 years is lower.

With the concern about the personal risk of catching AIDS on the rise, it is not surprising to find, as we do in Table 7-3, that more and more people are taking special steps or precautions to avoid catching AIDS. In 1987, 49% of those questioned indicated that they did so, an increase of 8% since 1985.

Regionally, the increase in the proportion of people who say they are taking special steps or precautions to avoid AIDS is not equally distributed, but rather ranges from a high of 55% in the Southern part of the country, to a low of 44% in the East. This major regional difference is primarily due to the fact that the Eastern part of the country has experienced no increase in the proportion of adults taking steps to avoid AIDS over the last two years as compared to the South, which registered a 13% increase.

Not surprisingly, taking precautions against AIDS declines with age and sexual activity. Only 31% of those 65 years of age and older indicated that they took precautions, compared to 61% of those 18 to 29 years of age.

Although the same proportion of men and women are taking precautions against AIDS, there are differences among the major ethnic groups. In 1987, 47% of the Whites indicated that they were taking precautions against catching AIDS, compared to 59% of the Blacks and 57% of the Hispanic respondents. Although fewer Whites are taking precautions than those in minority communities, the rate of increase among Whites is greater than among Blacks and Hispanics. In fact, minority groups show a small decline in the proportion of people taking precautions to avoid getting AIDS between 1985 and 1987, a cause for major concern, given the disproportionate number of minorities who have the disease.

Q.44

Table 7-1

PERCENTAGE OF ADULTS WHO THINK AIDS WILL BE A MAJOR
EPIDEMIC IN THE NEXT FIVE YEARS, 1985-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Now a couple questions about the disease called AIDS -- Acquired Immune Deficiency Syndrome. Do you think five years from now that AIDS will be under control, or that it will be a growing problem, or that it will be a major epidemic?

	Adults Who Think AIDS Will Be a Major Epidemic in the Next Five Years				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1256	14	1250	27	+13
<u>Region</u>					
East	313	15	313	24	+9
Midwest	311	11	311	23	+12
South	388	16	386	30	+14
West	244	12	240	32	+20
<u>Urbanism</u>					
Central city	381	16	379	27	+11
Rest of metropolitan area	577	12	572	28	+16
Outside metropolitan area	298	15	299	25	+10
<u>Sex</u>					
Men	616	15	598	25	+10
Women	640	13	652	28	+15
<u>Race</u>					
White	1050	13	1011	27	+14
Black	110	18	95	31	+13
Hispanic	55	15	92	21	+6
<u>Age</u>					
18-29 years	320	16	318	27	+11
30-39 years	335	13	299	26	+13
40-49 years	192	13	175	31	+18
50-64 years	253	13	238	26	+13
65 and over	155	13	211	26	+13
<u>Education</u>					
Not high school graduate	182	21	201	31	+10
High school graduate	448	14	442	28	+14
Some college	317	11	294	29	+18
Four-year college graduate	308	12	309	21	+9

(Continued)

Q.44

Table 7-1 (Continued)

PERCENTAGE OF ADULTS WHO THINK AIDS WILL BE A MAJOR
EPIDEMIC IN THE NEXT FIVE YEARS, 1985-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Think AIDS Will Be a Major Epidemic in the Next Five Years				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1256</u>	<u>14</u>	<u>1250</u>	<u>27</u>	<u>+13</u>
<u>Household Income</u>					
\$7,500 or less	106	12	123	24	+12
\$7,501-\$15,000	188	19	147	28	+9
\$15,001-\$25,000	272	14	275	28	+14
\$25,001-\$35,000	264	11	222	27	+16
\$35,001-\$50,000	189	16	206	24	+8
\$50,001 and over	145	8	157	27	+19
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	488	17	498	29	+12
Clerical, sales	221	13	186	26	+13
Professional, manager, or proprietor	449	11	442	26	+15

Q.45

Table 7-2

PERCENTAGE OF ADULTS WHO THINK THEY RUN THE RISK
OF CATCHING AIDS, 1985-1987, BROKEN DOWN BY
POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Do you think that you run any risk of catching AIDS, or not?

	<u>Adults Who Run Risk</u>				Percentage Point Change From 1985 to 1987
	<u>1985</u>		<u>1987</u>		
	<u>Base</u>	<u>%</u>	<u>Base</u>	<u>%</u>	
<u>Total Adults</u>	1256	10	1250	16	+6
<u>Region</u>					
East	313	16	313	16	0
Midwest	311	9	311	12	+3
South	388	8	386	16	+8
West	244	8	240	17	+9
<u>Urbanism</u>					
Central city	381	12	379	18	+6
Rest of metropolitan area	577	10	572	15	+5
Outside metropolitan area	298	7	299	14	+7
<u>Sex</u>					
Men	616	10	598	17	+7
Women	640	10	652	14	+4
<u>Race</u>					
White	1050	11	1011	16	+5
Black	110	9	95	12	+3
Hispanic	55	8	92	19	+11
<u>Age</u>					
18-29 years	320	11	318	18	+7
30-39 years	335	16	299	20	+4
40-49 years	192	11	175	19	+8
50-64 years	253	7	238	9	+2
65 and over	155	6	211	9	+3
<u>Education</u>					
Not high school graduate	182	6	201	11	+5
High school graduate	448	9	442	12	+3
Some college	317	9	294	18	+9
Four-year college graduate	308	15	309	21	+5

(Continued)

Q.45

Table 7-2 (Continued)

PERCENTAGE OF ADULTS WHO THINK THEY RUN THE RISK
OF CATCHING AIDS, 1985-1987, BROKEN DOWN BY
POPULATION DEMOGRAPHIC CHARACTERISTICS

	<u>Adults Who Run Risk</u>				<u>Percentage</u>
	<u>1985</u>		<u>1987</u>		<u>Point Change</u>
	<u>Base</u>	<u>%</u>	<u>Base</u>	<u>%</u>	<u>From 1985</u>
					<u>to 1987</u>
<u>Total Adults</u>	<u>1256</u>	<u>10</u>	<u>1250</u>	<u>16</u>	<u>+6</u>
<u>Household Income</u>					
\$7,500 or less	106	10	123	15	+5
\$7,501-\$15,000	188	8	147	14	+6
\$15,001-\$25,000	272	8	275	17	+9
\$25,001-\$35,000	264	9	222	16	+7
\$35,001-\$50,000	189	14	206	17	+3
\$50,001 and over	145	11	157	21	+10
<u>Usual Occupation of</u>					
<u>Head of Household</u>					
Blue-collar labor, service	488	9	498	14	+5
Clerical, sales	221	11	186	16	+5
Professional, manager, or proprietor	449	11	442	17	+6

Q.46

Table 7-3

PERCENTAGE OF ADULTS WHO TAKE SPECIAL STEPS TO
AVOID CATCHING AIDS, 1985-1987, BROKEN DOWN BY
POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Do you take any special steps or precautions to avoid catching AIDS, or not?

	Adults Who Take Special Steps				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1256	41	1250	49	+8
<u>Region</u>					
East	313	43	313	44	+1
Midwest	311	37	311	46	+9
South	388	42	386	55	+13
West	244	40	240	49	+9
<u>Urbanism</u>					
Central city	381	44	379	54	+10
Rest of metropolitan area	577	39	572	47	+8
Outside metropolitan area	298	40	299	47	+7
<u>Sex</u>					
Men	616	42	598	50	+8
Women	640	40	652	48	+8
<u>Race</u>					
White	1050	37	1011	47	+10
Black	110	61	95	59	-2
Hispanic	55	58	92	57	-1
<u>Age</u>					
18-29 years	320	52	318	61	+9
30-39 years	335	44	299	53	+9
40-49 years	192	42	175	48	+6
50-64 years	253	34	238	40	+6
65 and over	155	24	211	31	+7
<u>Education</u>					
Not high school graduate	182	37	201	41	+4
High school graduate	448	42	442	49	+7
Some college	317	45	294	55	+10
Four-year college graduate	308	37	309	48	+11

(Continued)

Q.46

Table 7-3 (Continued)

PERCENTAGE OF ADULTS WHO TAKE SPECIAL STEPS TO
AVOID CATCHING AIDS, 1985-1987, BROKEN DOWN BY
POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Take Special Steps				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1256</u>	<u>41</u>	<u>1250</u>	<u>49</u>	<u>+8</u>
<u>Household Income</u>					
\$7,500 or less	106	45	123	45	0
\$7,501-\$15,000	188	40	147	52	+12
\$15,001-\$25,000	272	45	275	48	+3
\$25,001-\$35,000	264	41	222	54	+13
\$35,001-\$50,000	189	37	206	43	+6
\$50,001 and over	145	37	157	52	+15
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	488	43	498	49	+6
Clerical, sales	221	41	186	49	+8
Professional, manager, or proprietor	449	38	442	50	+12

PART II:
HEALTH SUPPRESSORS

CHAPTER 8: SMOKING

Analysis of smoking behavior begins our discussion of the three main health suppressors measured in the survey. Trends in alcohol use and stress will be examined in subsequent chapters.

In 1987, 28% of Americans questioned said that they smoked cigarettes. This figure has fluctuated less than 3% since the first Prevention survey in 1983. Although the number of people who smoke has been declining since the Harris firm first measured this behavior in 1974, the decline seems to have bottomed out at this point. About three out of every ten Americans still smoke cigarettes (Table 8-1).

As shown by the data in Table 8-2 the decline in cigarette smoking has been much steeper for men, 47% of whom said they smoked in 1974*, compared to only 27% in 1987. Smoking has also decreased among women, from 38% in 1974 to 29% currently. Because the rate of decline in smoking among women is lower than that among men, the difference in the proportion of men and women smoking has been narrowing over the years, from 10% to 12% in the mid-1970's to about equal proportions in the early 1980's. Since 1983, the rate of smoking among men has continued to decline, 6% in all, while the rate of decline among women has been nil. Hence in 1987, there were slightly more women who smoked than men.

Smoking tends to decline among those 65 years of age and older, only 17% of whom said that they smoked, down 7% since 1983. However, those between 50 and 64 years of age have shown a 7% increase in the number of smokers.

Among the various education levels, only those with a four-year college degree showed a significant decline in the proportion who said they

*Although not a part of the Prevention Index at the time, the Harris firm first measured this trend in 1974.

smoked. Only 18% of those with a four-year college degree said that they smoked, compared to about 30% of those without a college degree. Household income follows a similar pattern, those with more household income smoking less than those with fewer financial resources. About 35% of those making less than \$15,000 said that they smoked, compared to 23% of those making more than \$35,000. It should also be noted that the gap between the rich and the poor may be widening. Those whose household income was less than \$15,000 experienced an increase in smoking between 1983 and 1987, while those making more than \$15,000 experienced a decline.

The effect of smoking on self-described health status should also be noted. In 1987, 22% of those in excellent health said that they smoked compared to 35% of those in fair or poor health (Table 8-3).

Q.17

Table 8-1

TRENDS IN SMOKING AND NONSMOKING

Q.: Do you smoke cigarettes now, or not?

	1974	1975	1978	1978*	1980**	1983	1984	1985	1986	1987
	<u>February</u>	<u>March</u>	<u>January</u>	<u>May</u>	<u>March</u>	<u>November</u>	<u>November</u>	<u>November</u>	<u>November</u>	<u>November</u>
Base	1407	1556	1347	1514	1506	1252	1253	1256	1250	1250
	%	%	%	%	%	%	%	%	%	%
Smoke now	43	43	39	37	40	30	28	30	27	28
Do not smoke	57	57	61	63	60	70	72	70	72	72

Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

Sources are the following eight national probability samples of adults aged 18 and older:

February 1974, Harris Perspective #4;
 March 1975, Harris Perspective #13;
 January 1978, Harris Perspective #41;
 May 1978, Harris "Health Maintenance" survey, conducted for Pacific Mutual Life Insurance Co.;
 March 1980, Harris Perspective #66;
 November 1983, Harris "Prevention in America" survey, conducted for Prevention magazine;
 November 1984, Harris "Prevention in America II" survey, conducted for Prevention magazine.
 November 1985, Harris "Prevention in America III" survey, conducted for Prevention magazine.
 November 1986, Harris "Prevention in America IV" survey, conducted for Prevention magazine.

*The May 1978 result is based on a two-part question that first asked people whether they had "ever" smoked cigarettes "regularly." In other surveys, a single-part question was used. The effective part of the question for all surveys is as follows: "Do you smoke cigarettes (now), or not (or don't you)?" Interviews were conducted in-person through 1980 and via telephone in 1983, 1984, 1985, and 1986.

**Sampling fluctuations may account for the fact that the March 1980 figure seems to depart from the general pattern of a decline in smoking. In the spring of 1980, the National Survey of Personal Health Practices and Consequences, as reported by the National Center for Health Statistics, found between 33% and 34% of adults aged 20 to 64 to smoke cigarettes. That finding was based on the second wave of a panel survey conducted by telephone.

Table 8-2

CONVERGENCE IN SMOKING RATES FOR MEN VS. WOMEN

	1974 <u>February</u>	1975 <u>March</u>	1978 <u>January</u>	1978 <u>May</u>	1980 <u>March</u>	1983 <u>November</u>	1984 <u>November</u>	1985 <u>November</u>	1986 <u>November</u>	1987 <u>November</u>
Percent of men smoking cigarettes	47	49	45	43	44	33	27	31	29	27
Percent of women smoking cigarettes	38	37	33	32	36	28	30	29	26	29

Difference	+9	+12	+12	+11	+8	+5	-3*	+2*	+3*	-2*

*In the 1984 survey the smoking rates of men and women are statistically indistinguishable. In the 1985, 1986, and 1987 surveys the smoking rates of men and women are also statistically indistinguishable.

Q.17

Table 8-3

PERCENTAGE OF ADULTS WHO SMOKE CIGARETTES,
1983-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

Q.: Do you smoke cigarettes now, or not?

	Adults Who Smoke				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	30	1250	28	-2
<u>Region</u>					
East	321	28	313	32	+4
Midwest	324	35	311	28	-7
South	376	30	386	27	-3
West	233	25	240	25	0
<u>Urbanism</u>					
Central city	385	30	379	29	-1
Rest of metropolitan area	562	32	572	26	-6
Outside metropolitan area	307	26	299	31	+5
<u>Sex</u>					
Men	608	33	598	27	-6
Women	646	28	652	29	+1
<u>Race</u>					
White	1049	29	1011	28	-1
Black	118	36	95	29	-7
Hispanic	87	28	92	30	+2
<u>Age</u>					
18-29 years	340	32	318	28	-4
30-39 years	285	34	299	32	-2
40-49 years	216	33	175	31	-2
50-64 years	215	26	238	33	+7
65 and over	194	24	211	17	-7
<u>Education</u>					
Not high school graduate	215	34	201	32	-2
High school graduate	433	34	442	33	-1
Some college	312	30	294	29	-1
Four-year college graduate	291	21	309	18	-3

(Continued)

Q.17

Table 8-3 (Continued)

PERCENTAGE OF ADULTS WHO SMOKE CIGARETTES,
1983-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

	Adults Who Smoke				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>30</u>	<u>1250</u>	<u>28</u>	<u>-2</u>
<u>Household Income</u>					
\$7,500 or less	137	31	123	32	+1
\$7,501-\$15,000	230	33	147	38	+5
\$15,001-\$25,000	287	35	275	31	-4
\$25,001-\$35,000	226	28	222	27	-1
\$35,001-\$50,000	128	27	206	23	-4
\$50,001 and over	108	24	157	23	-1
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	32	498	32	-0
Clerical, sales	148	28	186	30	+2
Professional, manager, or proprietor	424	26	442	23	-3
<u>Self-Described Health Status</u>					
Excellent	342	24	328	22	-2
Very good or good	717	31	734	29	-2
Fair or poor	189	37	185	35	-2

CHAPTER 9: TRENDS IN THE USE OF ALCOHOL AND DRUGS

Alcohol consumption has decreased slightly among the American population between 1983 and 1987. This is reflected by the slight increase in the number of people who never drink (34% in 1983, compared to 36% in 1987). The declining trend in alcohol consumption is also evidenced by the fact that the number of people who drink three or more days a week is also on the decline. This figure stood at 15% in 1983 compared to 11% in 1987 (Table 9-1).

The slight increase in abstinence in alcohol is primarily due to the fact that those 65 years age and older are drinking substantially less. In 1983, 55% of those 65 years of age and older said that they did not drink alcohol. By 1987, this figure had risen to 65%, an increase of 10% over the last five years.

Although the number of drinkers is down slightly for the nation as a whole, the quantity of alcohol consumed among those who drink not changed (23%) (Table 9-2).

Demographic Differences in the Rate of Heavy Alcohol Consumption

Although there was no change in the rate of heavy drinking among American adults between 1984 and 1987, this overall difference masks the significant changes that have occurred regionally. As indicated by the data in Table 9-3, those in the Eastern and mid-Western sections of the nation have experienced declines in the rate of heavy drinking, totaling between 5-6% while the Southern and Western portions of the country registered increases in the rate of heavy drinking during this same time period (6%).

While little change has occurred in the rate of heavy drinking for either men or women between 1984 and 1987, men still drink more heavily than

women. In 1987 31% of the men indicated that they drank heavily, as compared to only 16% of the women.

While younger people, especially those under 30 years of age, still drink more heavily than older people, the rate of heavy drinking among younger persons may be declining, while at the same time increasing for those between 40 and 65 years of age.

From a socioeconomic standpoint, heavy drinking cuts across all income and educational categories. Although those in the very lowest education and income categories tend to drink the least, the decline in heavy drinking among those with less education and fewer economic resources should also be noted. Those with family incomes under \$25,000 a year experienced a decline in heavy drinking between 1984 and 1987 while those with family incomes of \$25,000 a year or more experienced an increase. This same pattern is also evident among college graduates, who experienced a 4% increase in the rate of heavy drinking, as compared to declines in heavy drinking among those without a college degree.

Variation in Drug Use Among Demographic Subgroups

The use of other recreational drugs is also on the decline. Nine percent of the American population admitted using recreational drugs, such as marijuana, in 1984, compared to 6% in 1987. While this represents only a 3% decrease, that decline represents about a 33% decrease in the number of people who say they use recreational drugs.

The decline in drug abstinence between 1984 and 1987 was centered among the youngest adults in the country, those 18 to 29 years of age (see Table 9-4). In 1983, 21% of those who were 18 to 29 years of age said that they used recreational drugs, a figure that had declined 10% by 1987 to 11%.

Interestingly, recreational drug use is relatively equal among the various educational and household income levels. The data indicate that in fact, drug abstinence may be rising among those with lower household income faster than among those with greater income.

Q.23, 24, 33

Table 9-1

TRENDS IN THE USE OF ALCOHOL AND DRUGS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %
Base					
<u>Frequency of Alcohol Consumption</u>					
Never	34	30	33	32	36
Less than 1 day a month	16	14	15	15	13
1 to 3 days a month	16	19	20	19	19
1 to 2 days a week	19	21	19	20	21
3 to 4 days a week	7	8	6	6	5
5 to 6 days a week	2	2	2	1	1
Daily/7 days a week	6	6	4	6	5
Not sure	*	-	*	1	*

Quantity of Alcohol Consumption Among Drinkers

(Base)	(828)	(800)
1 drink	32	33
2 drinks	36	31
3 drinks	15	14
4 drinks	8	9
5 or more drinks	8	13
Not sure	2	*

Recreational Drugs

(Base)	(1254)	(1253)	(1256)	(1250)	(1250)
Frequently	x	2	2	1	*
Sometimes	x	7	7	2	1
Only occasionally**	x	x	x	4	4
Never	x	91	91	93	94
Not sure	x	*	*	-	-

x = Not asked.

*Less than 0.5%.

**The "only occasionally" category was added in 1986.

Q.23

Table 9-2

PERCENTAGE OF ADULTS WHO DO NOT DRINK ALCOHOL,
1983-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

	Adults Who Do Not Drink Alcohol				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	34	1250	36	+2
<u>Region</u>					
East	321	27	313	30	+3
Midwest	324	30	311	33	+3
South	376	48	386	48	0
West	233	28	240	28	0
<u>Urbanism</u>					
Central city	385	29	379	31	+2
Rest of metropolitan area	562	32	572	34	+2
Outside metropolitan area	307	46	299	45	-1
<u>Sex</u>					
Men	608	26	598	28	+2
Women	646	42	652	43	+1
<u>Race</u>					
White	1049	33	1011	34	+1
Black	118	49	95	52	+3
Hispanic	87	29	92	27	-2
<u>Age</u>					
18-29 years	340	24	318	27	+3
30-39 years	285	29	299	26	-3
40-49 years	216	33	175	31	-2
50-64 years	215	39	238	39	0
65 and over	194	55	211	65	+10
<u>Education</u>					
Not high school graduate	215	55	201	56	+1
High school graduate	433	37	442	38	+1
Some college	312	24	294	30	+6
Four-year college graduate	291	24	309	23	-1

(Continued)

Q.23

Table 9-2 (Continued)

PERCENTAGE OF ADULTS WHO DO NOT DRINK ALCOHOL,
1983-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

	Adults Who				Percentage Point Change From 1983 to 1987
	<u>Do Not Drink Alcohol</u>				
	<u>1983</u>		<u>1987</u>		
	<u>Base</u>	<u>%</u>	<u>Base</u>	<u>%</u>	
<u>Total Adults</u>	<u>1254</u>	<u>34</u>	<u>1250</u>	<u>36</u>	<u>+2</u>
<u>Household Income</u>					
\$7,500 or less	137	47	123	61	+14
\$7,501-\$15,000	230	42	147	43	+1
\$15,001-\$25,000	287	32	275	35	+3
\$25,001-\$35,000	226	26	222	22	-4
\$35,001-\$50,000	128	19	206	28	+9
\$50,001 and over	108	15	157	18	+3
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	40	498	39	-1
Clerical, sales	148	24	186	28	+4
Professional, manager, or proprietor	424	26	442	31	+5

Q. 24

Table 9-3

PERCENTAGE OF ADULTS WHO ARE HEAVY DRINKERS
(3 OR MORE DRINKS)
1984-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

	Adults Who Drink Heavily (3 or More Drinks)				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1253	23	1250	23	0
<u>Region</u>					
East	321	27	313	21	-6
Midwest	326	29	311	24	-5
South	373	19	386	24	+5
West	233	19	240	22	+6
<u>Urbanism</u>					
Central city	384	24	379	24	0
Rest of metropolitan area	561	25	572	24	-1
Outside metropolitan area	308	22	299	21	-1
<u>Sex</u>					
Men	619	30	598	31	+1
Women	634	18	652	16	-2
<u>Race</u>					
White	1089	25	1011	23	-2
Black	110	19	95	14	-5
Hispanic	72	29	92	28	-1
<u>Age</u>					
18-29 years	363	40	318	37	-3
30-39 years	285	28	299	25	-3
40-49 years	175	18	175	23	+5
50-64 years	238	12	238	14	+2
65 and over	190	6	211	5	-1
<u>Education</u>					
Not high school graduate	233	16	201	14	-2
High school graduate	445	27	442	26	-1
Some college	287	31	294	25	-6
Four-year college graduate	286	19	309	23	+4

(Continued)

LOUIS HARRIS AND ASSOCIATES

Q.24

Table 9-3 (Continued)

PERCENTAGE OF ADULTS WHO ARE HEAVY DRINKERS
(3 OR MORE DRINKS)
1984-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

	Adults Who Drink Heavily (3 or More Drinks)				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1253</u>	<u>23</u>	<u>1250</u>	<u>23</u>	<u>0</u>
<u>Household Income</u>					
\$7,500 or less	139	23	123	14	-9
\$7,501-\$15,000	230	25	147	22	-3
\$15,001-\$25,000	268	26	275	23	-3
\$25,001-\$35,000	237	26	222	28	+2
\$35,001-\$50,000	159	22	206	27	+5
\$50,001 and over	112	26	157	28	+2
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	523	26	498	24	-2
Clerical, sales	161	30	186	22	+2
Professional, manager, or proprietor	483	22	442	22	0

Q.33

Table 9-4

PERCENTAGE OF ADULTS WHO NEVER USE RECREATIONAL DRUGS,
1984-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometime, or never?

	Adults Who Never Use Drugs				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1253	91	1250	94	+3
<u>Region</u>					
East	321	89	313	94	+5
Midwest	326	92	311	96	+4
South	373	93	386	95	+2
West	233	86	240	90	+4
<u>Urbanism</u>					
Central city	384	86	379	90	+4
Rest of metropolitan area	561	92	572	96	+4
Outside metropolitan area	308	94	299	96	+2
<u>Sex</u>					
Men	619	87	598	91	+4
Women	634	94	652	97	0
<u>Race</u>					
White	1089	91	1011	94	+3
Black	110	87	95	93	+6
Hispanic	72	86	92	90	+4
<u>Age</u>					
18-29 years	363	79	318	89	+10
30-39 years	283	89	299	90	+1
40-49 years	175	95	175	97	+2
50-64 years	238	100	238	100	0
65 and over	190	99	211	100	+1
<u>Education</u>					
Not high school graduate	233	94	201	96	+2
High school graduate	445	92	442	95	+3
Some college	287	88	294	91	+3
Four-year college graduate	286	89	309	94	+5

(Continued)

Q.33

Table 9-4 (Continued)

PERCENTAGE OF ADULTS WHO NEVER USE RECREATIONAL DRUGS,
1984-1987, BROKEN DOWN BY POPULATION
DEMOGRAPHIC CHARACTERISTICS

	Adults Who Never Use Drugs				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1253</u>	<u>91</u>	<u>1250</u>	<u>94</u>	<u>+3</u>
<u>Household Income</u>					
\$7,500 or less	139	88	123	96	+8
\$7,501-\$15,000	230	90	147	96	+6
\$15,001-\$25,000	268	89	275	94	+5
\$25,001-\$35,000	237	91	222	92	+1
\$35,001-\$50,000	159	94	206	94	0
\$50,001 and over	112	93	157	92	-1
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	523	90	498	95	+5
Clerical, sales	161	94	186	94	0
Professional, manager, or proprietor	483	90	442	93	+3

CHAPTER 10: STRESS

Stress, that feeling of being overwhelmed by the responsibilities and problems of everyday life, can have a serious negative impact on both mental and physical health. Between 1983 and 1987, the proportion of respondents who said that they were under great stress at least several days a week rose from 28% to 32%. At the same time, more Americans say they are taking steps to reduce the stress in their lives. Sixty-eight percent did so in 1987, compared to 59% in 1983, an increase of 9% (Table 10-1).

Regionally, stress has increased most among those in the Eastern part of the country, some 8% between 1983 and 1987, twice the national average.

The number of women who say that they are under a great deal of stress at least several days a week has risen significantly over the last five years, (7%) while the rate for men has declined. Because of this increase, more women are now under greater stress than men (35% compared to 27% of the men).

Stress levels also differed among the various ethnic groups, with White and Hispanic respondents exhibiting approximately equal rates of stress and Blacks somewhat lower. This slightly lower rate of stress among Blacks was due to the 11% decline in this rate between 1983 and 1987. Blacks, who reported the highest rate of stress in 1983, now report the lowest rate of stress. During this time period the rate of stress increased slightly among White and Hispanic respondents.

Those 65 years of age and older reported the least amount of stress in the nation. In 1987, only 13% of those in this category said that they were under a great deal of stress several days a week. That figure represents a 2% decline over the 1983 data. Further analysis of the trend in the stress across

the age groups shows that stress tends to increase between 18 and 49 and then decrease among those 50 years of age and older. Stress peaks in the 40 to 49 years old age group which experienced a 14% increase in the rate of stress over the last five years.

From a socio-economic standpoint, individuals' education level does seem to play a role in the level of stress that they are likely to experience. Those with four-year college degrees experienced the greatest level of stress. Thirty-five percent indicated that they felt under great stress at least several days a week, compared to those without a high school diploma, 26% of whom indicated they were under great stress at least several days a week. This gap between education categories seems to be increasing. Those without a high school diploma experienced a 3% decline in the rate of great stress, compared to a 9% increase among those with a four-year college degree.

A similar difference exists among those whose household income is less than \$7,500 a year as compared to those with household incomes of \$50,000 a year. Those with lower incomes were under slightly less stress than those with higher incomes. Although it should be noted that for both education level and household income, the difference in level of stress is relatively small.

The importance of stress on physical health is shown by the data in Table 10-4. Thirty-one percent of those who describe their health as excellent said that they felt under a great deal of stress at least several days a week, compared to 42% of those who describe their physical health status as fair or poor.

Q.20, 21, 22, 19

Table 10-1

TRENDS IN SOME ASPECTS OF STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

Q.: How many hours do you usually sleep each 24-hour day in total?

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	Percentage Point Change From 1983 to 1987
Base	1254 %	1253 %	1256 %	1250 %	1250 %	
<u>Frequency of Stress</u>						
Almost every day	16	13	14	17	17	+1
Several days a week	12	14	13	13	15	+3
Once or twice a week	27	31	33	29	30	+3
Less often than once a week	29	30	30	30	27	-2
Never	16	10	10	10	10	-6
Not sure	1	2	1	1	1	0
<u>Steps To Control Stress</u>						
Yes, take steps to control	59	70	69	64	68	+9
No, don't take steps	38	29	31	35	30	-8
Not sure	3	1	1	1	2	-1
<u>Sleep</u>						
6 hours or less	25	26	26	26	27	+2
7-8 hours	64	63	64	65	61	-3
9 hours or more	10	10	9	9	11	+1
Not sure	1	1	*	1	1	-1
<u>Socializing With Others</u>						
Once a week or more	84	85	85	81	83	-1
Less than once a week	16	14	15	19	17	+1
Not sure	*	1	*	*	1	1

*Less than 0.5%.

Q.19

Table 10-2

PERCENTAGE OF ADULTS WHO SOCIALIZE WITH FRIENDS OR
RELATIVES ONCE A WEEK OR MORE, 1983-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	Adults Who Socialize Once a Week or More				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	83	1250	83	0
<u>Region</u>					
East	321	85	313	80	-5
Midwest	324	84	311	83	-1
South	376	84	386	83	-1
West	233	82	240	87	+5
<u>Urbanism</u>					
Central city	385	87	379	83	-4
Rest of metropolitan area	562	81	572	84	+3
Outside metropolitan area	307	85	299	81	-4
<u>Sex</u>					
Men	608	81	598	82	+1
Women	646	86	652	84	-2
<u>Race</u>					
White	1049	85	1011	84	-1
Black	118	74	95	74	0
Hispanic	87	82	92	87	+5
<u>Age</u>					
18-29 years	340	91	318	92	+1
30-39 years	285	84	299	79	-5
40-49 years	216	76	175	75	-1
50-64 years	215	76	238	76	0
65 and over	194	86	211	86	0
<u>Education</u>					
Not high school graduate	215	82	201	85	+3
High school graduate	433	85	442	82	-3
Some college	312	85	294	86	+1
Four-year college graduate	291	81	309	80	-1

(Continued)

Q.19

Table 10-2 (Continued)

PERCENTAGE OF ADULTS WHO SOCIALIZE WITH FRIENDS OR
RELATIVES ONCE A WEEK OR MORE, 1983-1987, BROKEN
DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Socialize Once a Week or More				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>83</u>	<u>1250</u>	<u>83</u>	<u>0</u>
<u>Household Income</u>					
\$7,500 or less	137	86	123	82	-4
\$7,501-\$15,000	230	86	147	91	+5
\$15,001-\$25,000	287	89	275	82	-7
\$25,001-\$35,000	226	78	222	87	+9
\$35,001-\$50,000	128	75	206	80	+5
\$50,001 and over	108	83	157	77	-6
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	83	498	83	0
Clerical, sales	148	85	186	84	-1
Professional, manager, or proprietor	424	83	442	83	0

Q.22

Table 10-3

PERCENTAGE OF ADULTS WHO GET SEVEN OR EIGHT HOURS
SLEEP MOST NIGHTS, 1983-1987, BROKEN DOWN BY
POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: How many hours do you usually sleep each 24-hour day in total?

	Adults Who Get Seven or Eight Hours Sleep Most Nights				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	64	1250	61	-3
<u>Region</u>					
East	321	65	313	57	-8
Midwest	324	67	311	63	-4
South	376	59	386	59	0
West	233	66	240	68	+2
<u>Urbanism</u>					
Central city	385	64	379	63	-1
Rest of metropolitan area	562	65	572	62	-3
Outside metropolitan area	307	61	299	58	-3
<u>Sex</u>					
Men	608	65	598	63	-2
Women	646	63	652	60	-3
<u>Race</u>					
White	1049	66	1011	63	-3
Black	118	48	95	44	-4
Hispanic	87	55	92	76	+21
<u>Age</u>					
18-29 years	340	62	318	55	-7
30-39 years	285	73	299	69	-4
40-49 years	216	67	175	68	+1
50-64 years	215	62	238	61	-1
65 and over	194	59	211	58	-1
<u>Education</u>					
Not high school graduate	215	48	201	52	+4
High school graduate	433	67	442	58	-9
Some college	312	65	294	65	0
Four-year college graduate	291	71	309	69	-2

(Continued)

Q.22

Table 10-3 (Continued)

PERCENTAGE OF ADULTS WHO GET SEVEN OR EIGHT HOURS
SLEEP MOST NIGHTS, 1983-1987, BROKEN DOWN BY
POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Get Seven or Eight Hours Sleep Most Nights				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>64</u>	<u>1250</u>	<u>61</u>	<u>-3</u>
<u>Household Income</u>					
\$7,500 or less	137	55	123	53	-2
\$7,501-\$15,000	230	58	147	58	0
\$15,001-\$25,000	287	67	275	60	-7
\$25,001-\$35,000	226	67	222	64	-3
\$35,001-\$50,000	128	66	206	71	+5
\$50,001 and over	108	72	157	66	-6
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	60	498	56	-4
Clerical, sales	148	68	186	69	+1
Professional, manager, or proprietor	424	68	442	65	-3
<u>Self-Described Health Status</u>					
Excellent	343	67	328	66	-1
Very good or good	718	66	734	62	-4
Fair or poor	189	52	185	54	+2

Q.20

Table 10-4

PERCENTAGE OF ADULTS WHO FEEL UNDER GREAT STRESS AT
LEAST SEVERAL DAYS A WEEK, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

	Adults Who Are Under Stress Several Days a Week				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	28	1250	31	+3
<u>Region</u>					
East	321	25	313	33	+8
Midwest	324	27	311	29	+2
South	376	31	386	31	0
West	233	27	240	31	+4
<u>Urbanism</u>					
Central city	385	28	379	31	+3
Rest of metropolitan area	562	28	572	33	+5
Outside metropolitan area	307	26	299	29	+3
<u>Sex</u>					
Men	608	29	598	27	-2
Women	646	28	652	35	+7
<u>Race</u>					
White	1049	27	1011	32	+5
Black	118	37	95	26	-11
Hispanic	87	24	92	31	+7
<u>Age</u>					
18-29 years	340	29	318	33	+4
30-39 years	285	35	299	38	+3
40-49 years	216	26	175	40	+14
50-64 years	215	30	238	30	0
65 and over	194	15	211	13	-2
<u>Education</u>					
Not high school graduate	215	29	201	26	-3
High school graduate	433	26	442	30	+4
Some college	312	29	294	33	+4
Four-year college graduate	291	26	309	35	+9

(Continued)

Q.20

Table 10-4 (Continued)

PERCENTAGE OF ADULTS WHO FEEL UNDER GREAT STRESS AT
LEAST SEVERAL DAYS A WEEK, 1983-1987, BROKEN DOWN
BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Are Under Stress Several Days a Week				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>28</u>	<u>1250</u>	<u>31</u>	<u>+3</u>
<u>Household Income</u>					
\$7,500 or less	137	26	123	30	+4
\$7,501-\$15,000	230	29	147	33	+4
\$15,001-\$25,000	287	29	275	30	+1
\$25,001-\$35,000	226	24	222	30	+6
\$35,001-\$50,000	128	31	206	34	+3
\$50,001 and over	108	35	157	35	0
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	25	498	30	+5
Clerical, sales	148	28	186	30	+2
Professional, manager, or proprietor	424	28	442	34	+6
<u>Self-Described Health Status</u>					
Excellent	343	23	328	31	+8
Very good or good	718	26	734	29	+3
Fair or poor	189	29	185	42	+13

Q.21

Table 10-5

PERCENTAGE OF ADULTS WHO TAKE SPECIFIC STEPS TO
CONTROL STRESS, 1983-1987, BROKEN DOWN BY
POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Do you consciously take steps to control or reduce the stress in your life,
or not?

	Adults Who Take Steps to Control Stress				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	1254	59	1250	68	+9
<u>Region</u>					
East	321	56	313	73	+17
Midwest	324	62	311	69	+7
South	376	58	386	64	+6
West	233	61	240	66	+5
<u>Urbanism</u>					
Central city	385	60	379	70	+10
Rest of metropolitan area	562	61	572	68	+7
Outside metropolitan area	307	54	299	66	+12
<u>Sex</u>					
Men	608	59	598	67	+8
Women	646	59	652	69	+10
<u>Race</u>					
White	1049	59	1011	69	+10
Black	118	63	95	64	+1
Hispanic	87	47	92	66	+19
<u>Age</u>					
18-29 years	340	55	318	68	+13
30-39 years	285	66	299	69	+3
40-49 years	216	61	175	67	+6
50-64 years	215	60	238	74	+14
65 and over	194	53	211	62	+9
<u>Education</u>					
Not high school graduate	215	53	201	57	+4
High school graduate	433	54	442	67	+13
Some college	312	62	294	71	+9
Four-year college graduate	291	66	309	74	+8

(Continued)

Q.21

Table 10-5 (Continued)

PERCENTAGE OF ADULTS WHO TAKE SPECIFIC STEPS TO
CONTROL STRESS, 1983-1987, BROKEN DOWN BY
POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Take Steps to Control Stress				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
<u>Total Adults</u>	<u>1254</u>	<u>59</u>	<u>1250</u>	<u>68</u>	<u>+9</u>
<u>Household Income</u>					
\$7,500 or less	137	55	123	70	+15
\$7,501-\$15,000	230	54	147	73	+19
\$15,001-\$25,000	287	60	275	66	+6
\$25,001-\$35,000	226	62	222	72	+10
\$35,001-\$50,000	128	63	206	67	+4
\$50,001 and over	108	59	157	67	+8
<u>Usual Occupation of Head of Household</u>					
Blue-collar labor, service	552	58	498	65	+7
Clerical, sales	148	55	186	70	+15
Professional, manager, or proprietor	424	61	442	71	+10

APPENDIX A: SURVEY METHOD

The 1987 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 11 to November 25, 1987. The overall completion rate for this survey was 71% of eligible households reached. The 29% noncompletion rate includes initial refusals, plus terminations during the course of the interview. A full disposition of every telephone number called is shown in Table A-2 at the end of this Appendix.

The 1987, 1986, 1985, 1984 and 1983 surveys followed the same procedures in every detail in order to facilitate comparisons.

Introduction

Louis Harris and Associates' telephone surveys are based on a national sample of the civilian population (18 years of age and older) of the United States. Those living in Alaska and Hawaii are not represented, nor are those in prisons, hospitals, or religious and educational institutions, unless such individuals have their own outside phone line. Samples are based on the Census Bureau's adult population figures for each state in the country. These figures are updated by intercensal estimates produced annually by the Census Bureau, and sample locations are selected biennially to reflect changes in the country's demographic and geographic profile.

National samples are stratified on two dimensions -- geographic region and metropolitan versus nonmetropolitan residence. Stratification ensures that the sample will reflect, within 1%, those living in different regions of the country and those living in SMSA's and non-SMSA's. Within each stratum, the selection of the primary sampling unit (PSU) is achieved through multistage, unclustered sampling. Each PSU yields one interview. First states,

then counties, and then minor civil divisions are selected, with probability of selection proportionate to Census Bureau estimates of their respective populations.

Random Digit Dialing

Louis Harris and Associates employs a random-digit-dialing procedure to select households within primary sampling units. Random digit dialing is a significant improvement over previously used techniques, extending the potential coverage rate to almost 95% of the U.S. population.

Unless some method of random digit dialing is used, telephone samples must be drawn directly from published lists. However, since the population of unlisted phone number subscribers is large and demographically dissimilar to subscribers with listed phone numbers, reliance on telephone directories alone yields seriously biased samples. For this reason, using published phone listings as the universe is inadequate for telephone surveys and inferior to using random digit dialing.

The use of a random-digit-dialing method offers other important advantages:

- The sample is highly representative.
- Unlisted telephone numbers have the same probability of inclusion in the sample as listed numbers. This is particularly important in reaching both high income and minority populations.
- Respondents are geographically dispersed, rather than clustered.
- Households with multiple phone listings have the same probability of inclusion in the sample as households with a single phone listing.

Sample Development

Virtually all of the hundreds of national telephone surveys conducted by the Harris organization each year are based on a modified, stratified, random-digit-dialing method. In addition, Harris telephone surveys use a stratified area-probability approach rather than a single-stage sample.

There are three important advantages to using an area-probability approach:

- It allows greater stratification of the population (Harris samples have twelve strata).
- It allows comparisons with Census Bureau data and other published demographic information that have a geographic base.
- It is compatible with sampling for in-person interviewing, thus providing greater versatility in study design.

The sample is developed in a multistage process. First, a listing is constructed of the latest estimates of the adult population of every state within each region in rank order, then a running cumulative total of gross sums is produced. Next, a skip factor is calculated as t/n , where t is the adult population of the stratum and n is the number of sample points needed. Then a random number, ψ , smaller than the skip factor, is selected. Beginning with the random number ψ , the sample points are then assigned according to where the numbers ψ , $(\psi + t/n)$, $(\psi + 2 t/n)$, $(\psi + 3 t/n)$... $(\psi + (n-1) t/n)$ fall on the running cumulative total of the adult population within that stratum. This same procedure is applied to each state within each region to form PSU's.

At the next stage of selection, one telephone number for each PSU is randomly selected from the updated Harris library of telephone directories. The selected numbers are then altered by dropping the last two digits (or occasionally just the last digit in rural areas) and replacing them with

randomly selected two-digit numbers. As many randomly selected two-digit numbers as needed are successively appended until a working residential number is reached or until an interview is completed in each PSU. Technically, this method of sampling produces an epcem sample of all published banks of telephone numbers, i.e. a sample with an equal probability of selection method.

Stratification of Telephone Sample

The core telephone exchanges are stratified by two variables -- geographic region and place of residence. The United States is divided into four regions, as follows:

1. East: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia, and West Virginia.
2. South: Virginia, North Carolina, South Carolina, Florida, Georgia, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Texas, and Oklahoma.
3. Midwest: Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, and North Dakota.
4. West: Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada, California, Oregon, and Washington.

We also use three categories for place of residence:

1. Central City: Every place defined by the Census Bureau as a central city of a Standard Metropolitan Statistical Area.
2. Rest of Metropolitan Area: Every place that is not a central city but is within SMSA boundaries.
3. Outside Metropolitan Area: Every place that is not included in any of the other two categories.

We then define each place of residence category within each region as a stratum.

Control of the Sample

In order to maintain reliability and integrity in the sample, the telephone field staff follows these procedures when a respondent contact is attempted:

- A nonanswering telephone is dialed two more times over a three-day period. At the end of this time, if no contact is made, a new telephone number is generated for that PSU.
- If a business telephone is reached or if contact is made with a household in which a potential respondent presents a language barrier, a new telephone number is generated for that PSU.
- Once a residential contact is established, the interviewer uses a respondent selection procedure to designate someone in the household for the interview.

Respondent Selection

Within each household contacted for the survey, the interviewer uses a respondent selection procedure to determine which adult member of the household will be interviewed. Under the standardized procedure, the interviewer asks for one of the following household members, in order of priority: (1) youngest adult male at home; (2) next youngest adult male at home; (3) youngest adult female at home; or (4) next youngest adult female at home. This procedure results in a good distribution of respondents by sex and age. It also avoids automatically accepting as a respondent the adult in the household who routinely answers the phone.

Callback Strategy

In order to attain the highest possible response rates within reasonable cost constraints, callbacks are made according to the following guidelines:

No Answer/Not-at-Homes: An initial call and then two callbacks to reach an adult member of the household. Callbacks are made on different days and at different times of the day. After the third call, the household is replaced by another number in that PSU.

Refusals: One callback to try to convert any designated respondent who has refused or terminated an interview. If after the conversion attempt the designated respondent still declines the interview, another household is selected in that PSU.

Unavailable Respondents: An initial call and two callbacks to reach the designated member of the household. If after the third call the respondent is still not available for the interview, another household is selected in that PSU.

Busy Signals: An initial call, a followup fifteen minutes later, and two callbacks to reach a member of the household. Callbacks are made on different days and at different times of the day. If the telephone is still busy after the fourth call, a new number is selected in that PSU and the household is replaced.

Weighting

National public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age, and income. This adjusts these key variables, where necessary, to their actual proportions in the population. Only slight weighting is necessary in Harr's samples (see Table A-1) to correct for sub-group variations in telephone penetration and non-response rates.

All surveys tend to underrepresent to some extent the most disadvantaged stratum of society due to the inherent difficulty of reaching them. Weighting of data by race and income serves to correct any such underrepresentation and to assure that final results are fully projectable.

Sampling Error

The results achieved from national public cross sections are subject to sampling error. Sampling error is defined as the difference between the results obtained from the sample and those that would have been obtained had the entire population been surveyed. The size of sampling error varies both with the size of the sample and with the percentage giving a particular answer. The following table sets forth the range of error in samples of different sizes at different percentages of response:

RECOMMENDED ALLOWANCE FOR SAMPLING ERROR OF PROPORTIONS (PLUS OR MINUS)

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Any Individual Percentage Result

Approximate Sample Size of Any Group Asked Question on Which Survey Result Is Based	Approximate Magnitude of Results				
	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
1,250	2	2	3	3	3
1,000	2	2	3	3	3
500	3	4	4	4	4
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

For example, if the response for a sample size of 1,000 is 30%, in 95 cases out of 100 the response in the total population would be between 27% and 33%.

Note that survey results based on subgroups of small size can be subject to large sampling error. For example, the results based on the 77 Hispanics in the sample could be subject to a sampling error of up to ± 11 .

The recommended allowances for sampling error were calculated based on a simple random sample.

Significance of Difference Between Proportions

The difference between the percentage responses given by two independent samples to the same question may or may not be significant. To determine whether or not such a difference is indeed significant, the size of the samples involved and the percentage giving each response must be taken into account. The following table shows the margin of error that must be allowed for different sample sizes at different percentages of response:

SAMPLING ERROR OF DIFFERENCE BETWEEN PROPORTIONS

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Differences Between Two Percentage Results

Approximate Sample Size of Two Groups Asked Question on Which Survey Results Are Based	Approximate Magnitude of Results				
	Survey Percentage Results at 10% or 90%	Survey Percentage Results at 20% or 80%	Survey Percentage Results at 30% or 70%	Survey Percentage Results at 40% or 60%	Survey Percentage Results at 50%
1,250 vs. 1,250	2	3	4	4	4
1,000	2	3	4	4	4
500	3	4	5	5	5
300	4	5	6	6	6
200	4	6	7	7	7
100	6	8	9	10	10
50	8	11	13	14	14
1,000 vs. 1,000	3	4	4	4	4
500	3	4	5	5	5
300	4	5	6	6	6
200	5	6	7	7	8
100	6	8	9	10	10
50	9	11	13	14	14
500 vs. 500	4	4	6	6	6
300	4	6	7	7	7
200	6	7	8	8	8
100	7	9	10	11	11
50	9	12	13	14	15
300 vs. 300	5	6	7	8	8
200	5	7	8	9	9
100	7	9	10	11	11
50	9	12	14	15	15
200 vs. 200	6	8	9	10	10
100	7	10	11	12	12
50	9	12	14	15	15
100 vs. 100	8	11	13	14	14
50	10	14	16	17	17
50 vs. 50	12	16	18	19	20

For example, suppose one group of size 1,000 has a response of 34% "yes" for a question, and an independent group of size 300 has a response of 27% "yes" for the same question, for a difference of 7 percentage points. According to the table, this difference is subject to a potential sampling error of plus or minus 6 percentage points. Since the observed difference is greater than the potential sampling error, the observed difference is significant. Moreover, if the entire population were interviewed, the difference would be from 1 to 13 percentage points (the 7-point observed difference plus or minus the 6-point potential sampling error) in 95 cases out of 100.

The recommended allowances for significance of difference apply both to comparisons between surveys from any two years as well as to subgroup comparisons within any one year's survey.

The recommended allowances for significance of difference were calculated based on a simple random sample.

Sampling error is only one way in which survey findings may vary from the findings that would result from interviewing every adult member of the population. Survey research is susceptible to human and mechanical errors as well, such as interviewer recording and data handling errors. However, the procedures used by the Harris firm keep errors of this kind to a minimum.

Table AA-1

PROFILE OF THE 1987 ADULT SAMPLE

	<u>Base</u>	<u>Unweighted Proportion in Sample %</u>	<u>Weighted Proportion in Sample %</u>
<u>Total Adults</u>	<u>1250</u>	<u>100</u>	<u>100</u>
<u>Region</u>			
East	313	25	26
Midwest	311	25	25
South	386	31	30
West	240	19	19
<u>Urbanism</u>			
Central city	379	30	31
Rest of metropolitan area	572	46	45
Outside metropolitan area	299	24	24
<u>Sex</u>			
Male	598	48	48
Female	652	52	52
<u>Race</u>			
White	1011	81	79
Black	95	8	10
Hispanic	92	7	6
<u>Age</u>			
18-29 years	318	25	29
30-39 years	299	24	22
40-49 years	175	14	14
50-64 years	238	19	18
65 and over	211	17	16
<u>Education</u>			
Not high school graduate	201	16	17
High school graduate	442	35	35
Some college	294	24	24
Four-year college graduate	309	25	24
<u>Household Income</u>			
\$7,500 or less	123	10	12
\$7,501-\$15,000	147	12	14
\$15,001-\$25,000	275	22	19
\$25,001-\$35,000	222	18	16
\$35,001-\$50,000	206	16	14
\$50,001 and over	157	13	14
<u>Usual Occupation of Head of Household</u>			
Blue-collar labor, service	498	40	35
Clerical, sales	186	15	14
Professional, manager, or proprietor	442	35	40

Table AA-2

DISPOSITION OF ALL TELEPHONE NUMBERS CALLED
FOR THE 1987 SURVEY

<u>Completed Interviews</u>	1,250
<u>Reached but Not Completed</u>	
Respondent refused altogether	466
Respondent terminated interview once begun	53
<u>Callbacks Incomplete</u>	
Callback agreed to, but respondent could not complete it by the end of field period	287
<u>Quota Out</u>	
Excess women screened out toward end of field period to maintain proper sex ratio	49
<u>No Reachable Respondent</u>	
Never any answer	505
Always busy	59
Phone number not in service	1,004
Phone number is a business	290
Unavailable due to language; no English-speaker in household	65
Everyone reported to be unavailable due to health	53
Everyone reported to be unavailable during duration of the field period	45
<u>Miscellaneous</u>	
Duplicate numbers, etc.	28
TOTAL OF TELEPHONE NUMBERS CALLED	4,154

STANDARD FORMULA FOR CALCULATION OF COMPLETION RATE:

$$\frac{\text{Completions}}{\text{Completions} + \text{Refusals} + \text{Terminations}} = \frac{1,250}{1,250 + 466 + 53} = 71\%$$

Completion rate = 71% of eligible households reached.

Noncompetition rate = 29% of eligible households reached.

Table A-2, containing the disposition of all telephone numbers called, allows the interested reader to calculate response rates according to the above formula or other available formulas.

APPENDIX B:
THE QUESTIONNAIRE WITH MARGINALS

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

/ FOR OFFICE USE ONLY:
/
/
/
/

Questionnaire No.: _____

5-6-7-8

Study No. 874018 (Prevention V)

November 10, 1987

Sample Point No.
10-11-12-13-14-15-16

Time Started: _____ A.M./P.M.

Interviewer: _____ I.D. No.: _____ Date: _____

Area Code: _____ Telephone No.: _____
(17-26)

Hello, I'm _____ from Louis Harris and Associates, the national survey
research firm in New York. We are conducting a survey of the American people on the
subject of health and safety.

Are you 18 years of age or older? (IF "NO," ASK IF ANYONE IN HOUSEHOLD IS 18 YEARS OLD OR
OLDER, AND ASK TO SPEAK WITH THAT PERSON. IF NO ONE IN HOUSEHOLD IS 18 OR OLDER, NOT
ELIGIBLE.)

Yes..... (CONTINUE WITH QUESTIONNAIRE)

No..... (NONELIGIBLE)

Refused.... (REFUSAL)

FROM OBSERVATION: Respondent sex:

Male.....(27(_____-1

Female.....-2

1. In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

Excellent.....	(28(26 -1
Very good.....	33 -2
Good.....	26 -3
Fair.....	11 -4
Poor.....	4 -5
Not sure.....	* -6
Refused.....	- -7

2. There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sickness, and another approach -- prevention -- which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

Got the right balance.....	(29(32 -1
Should give more emphasis to treatment.....	11 -2
Should give more emphasis to prevention.....	45 -3
More emphasis to both (vol.).....	3 -4
Not sure.....	9 -5
Refused.....	* -6

3. How often do you have a blood pressure reading? DO NOT READ LIST

More often than once a year.(30(56 -1	
Once a year.....	28 -2
Every two years.....	6 -3
Every three or four years.....	3 -4
Every five years or less often..	2 -5
Never.....	3 -6
Not sure.....	2 -7
Refused.....	* -8

4. How often do you have a blood test for your cholesterol level? DO NOT READ LIST

More often than once a year.(31(19 -1	} (ASK Q.5)	
Once a year.....		26 -2
Every two years.....		7 -3
Every three or four years.....		4 -4
Every five years or less often..		5 -5
Never.....	34 -6	} (SKIP TO Q.6)
Not sure.....	4 -7	
Refused.....	* -8	

5. Do you know what your blood cholesterol level is, or not?

Yes.....	(32(21 -1
No.....	40 -2
Not sure.....	1 -3
Refused.....	* -4

ASK EVERYONE

6. Do you know what your blood pressure level is, or not?

Yes.....	(33(61 -1
No.....	39 -2
Not sure.....	* -3
Refused.....	* -4

/34-362/

7. How often do you go to the dentist for treatment or a checkup? DO NOT READ LIST

More often than once a year.....	(37(50 -1
Once a year.....	25 -2
Every two years.....	6 -3
Every three or four years.....	4 -4
Every five years or less often..	4 -5
Never.....	10 -6
Not sure.....	1 -7
Refused.....	* -8

ASK Q.8 AND Q.9 OF WOMEN ONLY -- SKIP MEN TO Q.10

8. How often do you have a Pap smear test for cancer? DO NOT READ LIST

More often than once a year.....	(38(17 -1
Once a year.....	51 -2
Every 2 years.....	7 -3
Every 3 years.....	4 -4
Every 4 or 5 years.....	3 -5
Every 6 years or less often.....	3 -6
Never.....	10 -7
Not applicable (vol.).....	2 -8
Not sure.....	2 -9
Refused.....	* -0

9. How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

At least once a month.....	(39(42 -1
Several times a year.....	29 -2
Once a year.....	9 -3
Less than once a year.....	4 -4
Never.....	13 -5
I never do it -- doctor does it (vol.)...	2 -6
Not applicable (vol.).....	1 -7
Not sure.....	1 -8
Refused.....	1 -9

ASK EVERYONE

10. Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

<u>ROTATE -- START AT "X"</u>		Try a Lot	Try a Little	Don't Try at All	Not Sure	Refused
() a.	Avoid eating too much salt or sodium..	(40(54 -1	26 -2	18 -3	1 -4	- -5
() b.	Avoid eating too much fat.....	(41(54 -1	31 -2	14 -3	1 -4	* -5
() c.	Eat enough fiber from whole grains, cereals, fruits, and vegetables.....	(42(60 -1	28 -2	11 -3	1 -4	* -5
() d.	Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats.....	(43(42 -1	36 -2	19 -3	2 -4	* -5
() e.	Get enough vitamins and minerals in foods or in supplements.....	(44(59 -1	27 -2	12 -3	2 -4	* -5
() f.	Avoid eating too much sugar and sweet food.....	(45(49 -1	35 -2	14 -3	1 -4	* -5
() g.	Get enough calcium in foods or in supplements.....	(46(54 -1	28 -2	16 -3	1 -4	* -5
() h.	Avoid caffeine in beverages, such as coffee, tea, and certain soda pop.....	(47(34 -1	30 -2	34 -3	2 -4	* -5
() i.	Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings.....	(48(36 -1	33 -2	29 -3	1 -4	* -5

DO NOT ROTATE

j.	Eat fish twice a week.....	(49(33 -1	32 -2	33 -3	1 -4	* -5
k.	Eat vegetables in the cabbage family, such as cabbage, broccoli, Brussels sprouts, and cauliflower.....	(50(59 -1	28 -2	12 -3	1 -4	* -5

11. In feet and inches, what is your height without shoes on?
ROUND TO NEXT HIGHEST INCH

4' 10" or less.....	(51)	-1
4' 11".....		-2
5' 0".....		-3
5' 1".....		-4
5' 2".....		-5
5' 3".....		-6
5' 4".....		-7
5' 5".....		-8
5' 6".....		-9
5' 7".....		-0
5' 8".....	(52)	-1
5' 9".....		-2
5' 10".....		-3
5' 11".....		-4
6' 0".....		-5
6' 1".....		-6
6' 2".....		-7
6' 3".....		-8
6' 4".....		-9
6' 5".....		-0
6' 6".....	(53)	-1
More than 6' 6".....		-2
Not sure.....		-3
Refused.....		-4

12. Please tell me your present weight without clothes. WRITE IN NUMBER

 lbs.
 (54-56)

Not sure.....	(57)	-1
Refused.....		-2

13. What kind of body frame or bone structure would you say you have -- small, medium, or large?

Small.....	(58)	-1
Medium.....		-2
Large.....		-3
Not sure.....		-4
Refused.....		-5

14. At the present time, do you get any regular exercise, either at work or somewhere else?

Get regular exercise.....	(59)	79	-1
Do not get regular exercise...	21		-2
Not sure.....			-3
Refused.....			-4

15. How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

Never.....(60(24 -1 (SKIP TO Q.17)

Less than 1 day a month.....	6 -2	} (ASK Q.16)
1 to 3 days a month.....	10 -3	
1 day a week.....	14 -4	
2 days a week.....	11 -5	
3 days a week.....	15 -6	
4 to 5 days a week.....	11 -7	
6 to 7 days a week.....	9 -8	
Not sure.....	1 -9	
Refused.....	* -0	

16. What is the main reason why you exercise?

To keep fit (24%); to regulate weight (15%); to be healthy (15%); to feel good (13%); job (everyday activities require exercise (61-62) (12%); for enjoyment (9%); improve heart condition (6%); any other mentions (6%); improve med. condition (4%); enjoy sports (4%); to look good (2%); relaxation (2%); prevent stiffness (1%); something to do (1%); not sure/no answer (1%).

INTERVIEWER: DO
NOT CHANGE THE
ANSWERS TO Q.15
OR Q.14 NO
MATTER WHAT RES-
PONDENT SAYS IN
Q.16

ASK EVERYONE

17. Do you smoke cigarettes now, or not?

Smoke now.....	(63(28 -1
Don't smoke now.....	72 -2
Not sure.....	* -3
Refused.....	* -4

18. Does anyone in your household ever smoke in bed, or not?

Yes, someone smokes in bed.....	(64(8 -1
No, no one ever smokes in bed.....	88 -2
No one in household smokes (vol.)....	4 -3
Not sure.....	* -4
Refused.....	* -5

19. About how often do you socialize with close friends, relatives, or neighbors?
READ LIST IF NECESSARY

More than twice a week.....	(65(48 -1
Twice a week.....	16 -2
Once a week.....	19 -3
2 to 3 times a month.....	9 -4
Once a month.....	5 -5
Less than once a month.....	2 -6
Never.....	1 -7
Not sure.....	1 -8
Refused.....	- -9

20. Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Almost every day.....	(66(17 -1
Several days a week.....	15 -2
Once or twice a week.....	30 -3
Less often than once a week.....	27 -4
Never.....	10 -5
Not sure.....	1 -6
Refused.....	* -7

21. Do you consciously take steps to control or reduce the stress in your life, or not?

Yes, take steps to control..	(67(68 -1
No, don't take steps.....	30 -2
Not sure.....	2 -3
Refused.....	* -4

22. How many hours do you usually sleep each 24-hour day in total? DO NOT READ LIST

Less than 5 hours.....	(68(2 -1
5 hours.....	3 -2
6 hours.....	22 -3
7 hours.....	30 -4
8 hours.....	31 -5
9 hours.....	6 -6
10 hours or more.....	5 -7
Not sure.....	1 -8
Refused.....	- -9

23. In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Never.....	(69(36 -1	(SKIP TO Q.25)
Less than 1 day a month.....	13 -2	} (ASK Q.24)
1 to 3 days a month.....	19 -3	
1 to 2 days a week.....	21 -4	
3 to 4 days a week.....	5 -5	
5 to 6 days a week.....	1 -6	
Daily/7 days a week.....	5 -7	
Not sure.....	* -8	
Refused.....	- -9	

24. On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine. DO NOT READ LIST

1 drink.....	(70(21 -1
2 drinks.....	20 -2
3 drinks.....	9 -3
4 drinks.....	6 -4
5 or more drinks.....	8 -5
Not sure.....	* -6
Refused.....	- -7

ASK EVERYONE

25. How often do you wear a seat belt when you are in the front seat of a car -- all the time, sometimes, or never?

All the time.....	(71(57 -1
Sometimes.....	27 -2
Never.....	15 -3
Not applicable (vol.).....	* -4
Not sure.....	* -5
Refused.....	- -6

26. Do you drive a car?

Yes, drive.....	(72(89 -1 (ASK Q.27)
No, do not drive.....	11 -2
Refused.....	* -3

 } (SKIP TO Q.29)

27. How often do you drive at or below the speed limit -- all the time, sometimes, or never?

All the time.....	(73(50 -1
Sometimes.....	45 -2
Never.....	4 -3
Not sure.....	1 -4
Refused.....	* -5

28. If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

All the time.....	(74(2 -1
Sometimes.....	21 -2
Never.....	44 -3
Don't drink (vol.).....	22 -4
Not sure.....	* -5
Refused.....	* -6

ASK EVERYONE

29. Do you favor or oppose state laws requiring people to wear seat belts?

Favor.....	(75(	71	-1
Oppose.....		22	-2
Depends (vol.).....		4	-3
Not sure.....		2	-4
Refused.....		*	-5

30. Do you think that laws should prohibit smoking in public places, or should they require separate smoking and nonsmoking sections, or should smoking in public places not be regulated by law?

Should prohibit smoking in public places.....	(76(	23	-1
Should require separate smoking and nonsmoking sections.....		61	-2
Should not regulate smoking in public places.....		13	-3
Not sure.....		3	-4
Refused.....		-	-5

31. Do you have a smoke detector in your home, or not?

Have a smoke detector.....	(77(	82	-1
Do not have a smoke detector....		18	-2
Not sure.....		*	-3
Refused.....		-	-4

32. Do you take any special steps or precautions to avoid accidents in and around your home?

Yes, take steps.....	(78(	81	-1
No, don't take steps.....		18	-2
Not sure.....		1	-3
Refused.....		*	-4

33. How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

Frequently.....	(79(	*	-1
Sometimes.....		1	-2
Only occasionally.....		4	-3
Never.....		94	-4
Not sure.....		-	-5
Refused.....		*	-6

34. During the past five years, has a doctor ever given you advice, without your having to ask for it, about improving your habits in areas such as nutrition, exercise, weight, or limiting the use of alcohol and tobacco, or not?

Yes, doctor has given unsolicited advice.....(80(31 -1
No, doctor has not given advice..... 68 -2
Haven't seen doctor in past five years (vol.)..... 1 -3
Not sure..... * -4
Refused..... * -5

35. Right now, do you feel that you are overweight, or underweight, or at about the right weight for you?

Feel overweight.....2*(10(43 -1
Feel underweight..... 5 -2
Feel at about the right weight... 51 -3
Not sure..... * -4
Refused..... - -5

36. During the past month, have you tried to lose any weight, or not?

Yes, tried.....(11(38 -1
No, did not try..... 62 -2
Not sure..... * -3
Refused..... - -4

/12-142/

38a. During the past month, have you taken any food supplements, such as vitamins or minerals, or not?

Yes, have taken....(15(53 -1 (ASK Q.38b)

No, have not taken..... 47 -2
 Not sure..... -3
 Refused..... * -4

(SKIP TO Q.38j)

38b. What types of food supplements did you take?

	<u>Q.38b</u> <u>MULTIPLE</u> <u>RECORD</u>	<u>Q.38c</u> <u>Most</u> <u>Important</u> <u>SINGLE</u> <u>RECORD</u>
Multi-vitamins/minerals..	(16(69 -1	(27(59 -1
Vitamin A.....	(17(3 -1	* -2
Vitamin B12.....	(18(5 -1	1 -3
Vitamin B-complex.....	(19(9 -1	4 -4
Vitamin C.....	(20(26 -1	12 -5
Vitamin E.....	(21(11 -1	3 -6
Calcium.....	(22(18 -1	7 -7
Iron.....	(23(7 -1	4 -8
Omega-3 (fish oil).....	(24(1 -1	* -9
Beta-carotene.....	(25(* -1	- -0
Other (SPECIFY):		
.....	(26(14 -1	(28(7 -1
Not sure.....	1 -2	2 -2

IF MORE THAN ONE TYPE, ASK Q.38c. OTHERWISE GO TO Q.38d

38c. Which of those do you feel is most important?

RECORD ABOVE RIGHT

38d. How often did you take this supplement during the past month?

Once.....(29(2 -1
 2 to 3 times in month..... 3 -2
 Weekly..... 4 -3
 Several times a week..... 15 -4
 Daily..... 77 -5
 Not sure..... * -6
 Refused..... * -7

38e. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....(30(34 -1
 About the same..... 56 -2
 Less often..... 9 -3
 Not sure..... * -4
 Refused..... * -5

38f. For how many years have you been taking this food supplement?

Less than one year.....(31(15 -1
 1 to 2 years..... 18 -2
 2 to 5 years..... 32 -3
 More than 5 years..... 35 -4
 Not sure..... 1 -5
 Refused..... * -6

38g. Where do you usually purchase most of this food supplement?

Supermarket.....(32(15 -1
 Drugstore/pharmacy..... 55 -2
 Discount Store (K-Mart, Wal-Mart, etc.)..... 5 -3
 Direct seller (Shaklee, Amway, etc.)..... 3 -4
 Mail order..... 3 -5
 Health food store..... 11 -6
 Other..... 6 -7
 Not sure..... 2 -8
 Refused..... - -9

38h. Who usually purchases this food supplement?

Respondent.....(33(77 -1
 Spouse..... 10 -2
 Both respondent and spouse.. 5 -3
 Someone else..... 7 -4
 Not sure..... - -5
 Refused..... * -6

38i. What is the main reason why you take this food supplement?

To supplement diet (28%); good health (20%); any other (11%); prevent
 colds (9%); treatment of medical condition (9%); doctor recommendation (34-35) (SKIP TO Q.39a)
 (8%); to raise energy level (8%); to feel better (6%); prevent medical
 condition (6%); reduce stress (4%); not sure (2%); pregnancy (3%).

(IF RESPONDENT ANSWERS "TO INCREASE OR GET ENOUGH VITAMINS, MINERALS," PROBE:
 And what is the main reason why you want to do that? RECORD ABOVE)

IF "NO, NOT SURE, OR REFUSED" IN Q.38a, ASK Q.38j. OTHERWISE GO TO Q.39a

38j. During the past 5 years, have you taken any food supplements, such as
 vitamins or minerals, on a regular basis, or not?

Yes.....(36(28 -1 (ASK Q.38k)
 No..... 72 -2
 Not sure..... * -3
 Refused..... 1 -4 } (SKIP TO Q.39a)

38k. Is there any particular reason why you stopped taking food
 supplements on a regular basis?

No, no reason.....(37(38 -1
 Not sure..... 2 -2
 Refused..... - -3

Yes, some reason (What is that?).. 60 -4

/38Z/

Improved condition/gave birth (26%); other (26%); eat a balanced (39-40)

diet (20%); no effect on health (19%); felt ill when taking (13%) (41-42)

ASK EVERYONE

39a. During the past month, have you or anyone in your household purchased a food product that is manufactured to be especially low in calories?

Yes, have purchased.....(43(43 -1 (ASK Q.39b)

No, have not purchased..... 55 -2
 Not sure..... 2 -3 } (SKIP TO Q.40a)
 Refused..... * -4

39b. What type of manufactured low calorie food product did you purchase most often? DO NOT READ LIST

Diet soda.....(44(22 -1
 Frozen entrees, dinners, desserts..... 19 -2
 Milk..... 11 -3
 Bread..... 4 -4
 Sugar substitutes..... 6 -5
 Margarine..... 4 -6
 Yogurt..... 6 -7
 Salad dressing..... 5 -8
 Other (SPECIFY):

..... 18 -9
 Not sure..... 5 -0

39c. How often did you eat it during the past month?

Once.....(45(5 -1
 2 to 3 times in month..... 11 -2
 Weekly..... 12 -3
 Several times a week..... 28 -4
 Daily..... 31 -5
 Respondent did not eat any..... 12 -6
 Not sure..... 1 -7
 Refused..... - -8

39d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....(46(28 -1
 About the same..... 60 -2
 Less often..... 11 -3
 Not sure..... 1 -4
 Refused..... - -5

39e. For how many years have (you/they) been eating this type of low calorie food product?

Less than one year.....(47(12 -1
 1 to 2 years..... 25 -2
 2 to 5 years..... 31 -3
 More than 5 years..... 29 -4
 Not sure..... 2 -5
 Refused..... - -6

39f. Who usually purchases this low calorie food product?

Respondent.....	(48(58	-1
Spouse.....	21	-2
Both respondent and spouse..	9	-3
Someone else.....	12	-4
Not sure.....	-	-5
Refused.....	-	-6

ASK EVERYONE

40a. During the past month, have you or anyone in your household purchased a food product that is manufactured to be especially high in fiber?

Yes, have purchased.....(49(54 -1 (ASK Q.40b)

No, have not purchased..... 43 -2
 Not sure..... 3 -3
 Refused..... - -4 } (SKIP TO Q.41a)

40b. What type of manufactured high fiber food product did you purchase most often? DO NOT READ LIST

Cereal.....(50(85 -1
 Bread..... 8 -2
 Wheat germ..... 1 -3
 Vegetables..... 1 -4
 Other (SPECIFY):

..... 4 -5
 Not sure..... 1 -6

40c. How often did you yourself eat it during the past month?

Once.....(51(3 -1
 2 to 3 times in month..... 8 -2
 Weekly..... 12 -3
 Several times a week..... 40 -4
 Daily..... 30 -5
 Respondent did not eat any..... 8 -6
 Not sure..... 1 -7
 Refused..... - -8

40d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....(52(37 -1
 About the same..... 54 -2
 Less often..... 7 -3
 Not sure..... 1 -4
 Refused..... - -5

40e. For how many years have (you/they) been eating this type of high fiber food product?

Less than one year.(53(11 -1
 1 to 2 years..... 21 -2
 2 to 5 years..... 30 -3
 More than 5 years..... 37 -4
 Not sure..... 1 -5
 Refused..... - -6

40f. Who usually purchases this high fiber food product?

Respondent.....	(54(66	-1
Spouse.....	17	-2
Both respondent and spouse..	7	-3
Someone else.....	9	-4
Not sure.....	*	-5
Refused.....	-	-6

40g. What is the main reason why (you/they) eat this high fiber food product?

Nutritious (27%); regularity (23%); any other mentions (55-56)
(14%); tastes good (12%); to prevent colon cancer (8%); to
prevent cancer (7%); aids digestion (7%); like it (5%); doctor
recommendation (4%); medical condition (3%); need fiber (2%);
advertisements (2%); reduce cholesterol (2%); not sure (2%).

(IF RESPONDENT ANSWERS "TO INCREASE FIBER OR BULK IN DIET," PROBE:
And what is the main reason why you want to do that?
RECORD ABOVE)

ASK EVERYONE

41a. During the past month, have you or anyone in your household purchased a food product that is manufactured to be especially low in fat or low in cholesterol?

Yes, have purchased.....(57(39 -1 (ASK Q.41b)

No, have not purchased..... 58 -2
Not sure..... 3 -3 } (SKIP TO Q.42a)
Refused..... * -4

41b. What type of manufactured low fat or low cholesterol food product did you purchase most often? DO NOT READ LIST

Margarine.....(58(31 -1
Oil..... 14 -2
Milk..... 14 -3
Butter..... 10 -4
Meat/bacon..... 6 -5
Eggs..... 1 -6
Cheese..... 3 -7
Poultry..... 3 -8
Other (SPECIFY):

..... 12 -9
Not sure..... 7 -0

41c. How often did you eat it during the past month?

Once.....(59(2 -1
2 to 3 times in month..... 12 -2
Weekly..... 12 -3
Several times a week..... 26 -4
Daily..... 42 -5
Respondent did not eat any..... 4 -6
Not sure..... 2 -7
Refused..... - -8

41d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....(60(31 -1
About the same..... 60 -2
Less often..... 7 -3
Not sure..... 1 -4
Refused..... - -5

41e. For how many years have (you/they) been eating this type of low fat or low cholesterol food product?

Less than one year.	(61(12 -1
1 to 2 years.....	21 -2
2 to 5 years.....	31 -3
More than 5 years.....	35 -4
Not sure.....	1 -5
Refused.....	- -6

41f. Who usually purchases this low fat or low cholesterol food product?

Respondent.....	(62(62 -1
Spouse.....	19 -2
Both respondent and spouse..	8 -3
Someone else.....	10 -4
Not sure.....	* -5
Refused.....	- -6

ASK EVERYONE42a. During the past month have you taken any non-prescription pain reliever?

Yes, have taken.....(63(54 -1 (ASK Q.42b)

No, have not taken.....	46	-2	} (SKIP TO Q.43a)
Not sure.....	*	-3	
Refused.....	*	-4	

42b. What type of non-prescription pain reliever do you take most often?

Salicylate/aspirin/ Bayer/Bufferin/Anacin.....	(64(44	-1
Acetaminophen/Anacin-3/ Datril/Panadol/Tylenol.....	39	-2
Ibuprofen/Advil/Nuprin.....	10	-3
Combinations/Excedrin.....	3	-4
Antacid.....	*	-5
Midol/Pamprin.....	*	-6
A powder/B.C. powders.....	1	-7
Antihistamine/decongestant.....	1	-8
Other.....	2	-9
Not sure.....	*	-0
Refused.....	-	-x

42c. How often did you take it during the past month?

Once.....	(65(13	-1
2 to 3 times in month.....	40	-2
Weekly.....	12	-3
Several times a week.....	19	-4
Daily.....	14	-5
Not sure.....	1	-6
Refused.....	-	-7

42d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....	(66(22	-1
About the same.....	66	-2
Less often.....	11	-3
Not sure.....	1	-4
Refused.....	-	-5

42e. Who usually purchases this non-prescription pain reliever?

Respondent.....	(67(73	-1
Spouse.....	1	-2
Both respondent and spouse..	6	3
Someone else.....	8	4
Not sure.....	*	5
Refused.....	1	-6

43a. During the past month, have you done any walking as exercise?

Yes, have walked.....(68(65 -1 (ASK Q.43b)

No, but ran or jogged..... 3 -2

No, have not walked..... 32 -3

Not sure..... * -4

Refused..... * -5

(SKIP TO Q.44)

43b. How often did you walk for exercise in the past month?

Once.....(69(3 -1

2 to 3 times in month..... 10 -2

Weekly..... 15 -3

Several times a week..... 34 -4

Daily..... 38 -5

Not sure..... * -6

Refused..... * -7

43c. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....(70(30 -1

About the same..... 53 -2

Less often..... 17 -3

Not sure..... * -4

Refused..... * -5

43d. When you walk for exercise, do you usually walk more than a mile or less than a mile?

More than a mile.....(71(55 -1

Less than a mile..... 30 -2

Exactly one mile (vol.)..... 14 -3

Not sure..... 2 -4

Refused..... * -5

43e. How many years have you been walking for exercise?

Less than one year.....(72(9 -1

1 to 2 years..... 18 -2

2 to 5 years..... 32 -3

More than 5 years..... 39 -4

Not sure..... 1 -5

Refused..... - -6

43f. When you walk for exercise, do you usually wear any special shoes that are designed for walking, or not?

Yes, wear special shoes..(73(39 -1

No, do not wear special shoes 61 -2

Not sure..... * -3

Refused..... - -4

/74-80Z/

44. Now a couple questions about the disease called AIDS -- Acquired Immune Deficiency Syndrome. Do you think five years from now that AIDS will be under control, or that it will be a growing problem, or that it will be a major epidemic?

Will be under control..3*(10(31	-1
Will be a growing problem.... 35	-2
Will be major epidemic..... 27	-3
Not sure..... 7	-4
Refused..... *	-5

45. Do you think that you run any risk of catching AIDS, or not?

Yes, run risk.....(11(16	-1
No..... 82	-2
Not sure..... 2	-3
Refused..... *	-4

46. Do you take any special steps or precautions to avoid catching AIDS, or not?

Yes, take steps.....(12(49	-1
No, do not..... 50	-2
Not sure..... 1	-3
Refused..... *	-4

/13-202/

ASK EVERYONE

F1. What type of work does the main wage earner of this household do?
(IF RETIRED OR UNEMPLOYED:) What was his/her usual job?

ASK FOR JOB TITLE AND MAIN DUTIES -- DESCRIBE IN DETAIL:

Professional.....(21(16 -1
 Manager, official..... 12 -2
 Proprietor (small business)..... 6 -3
 Clerical worker..... 8 -4
 Sales worker..... 6 -5
 Skilled craftsman, foreman..... 19 -6
 Operative, unskilled laborer (except farm). 13 -7
 Service worker..... 8 -8
 Farmer, farm manager, farm laborer..... 3 -9
 Student..... 1 -0
 Housewife.....(22(1 -1
 Military service..... 1 -2
 Welfare..... * -3
 Disabled..... 1 -4
 Other (SPECIFY):
 * -5
 Not sure..... 1 -6
 Refused..... 1 -7

F2. How old are you? IF HESITANT, READ LIST

18 to 20.....(23(7 -1
 21 to 24..... 10 -2
 25 to 29..... 12 -3
 30 to 34..... 12 -4
 35 to 39..... 10 -5
 40 to 49..... 14 -6
 50 to 64..... 18 -7
 65 and over..... 16 -8
 Refused..... 1 -9
 Not sure..... * -0

F3. What is the last grade or level of school you completed?

No formal schooling.....(24(* -1
 First through 7th grade..... 2 -2
 8th grade..... 3 -3
 Some high school..... 11 -4
 High school graduate..... 35 -5
 Some college..... 19 -6
 Two-year college graduate..... 6 -7
 Four-year college graduate..... 14 -8
 Postgraduate..... 10 -9
 Trade/technical/vocational after
 high school*.....XXXXXX
 Refused/not sure..... * -0

*INTERVIEWER: PROBE FOR LAST LEVEL OF FORMAL EDUCATION
 AND CODE INTO APPROPRIATE CATEGORY

F4. Are you of Hispanic descent, or not?

Yes, of Hispanic descent.....(25(6 -1
 No, not of Hispanic descent..... 90 -2
 Not sure..... 3 -3
 Refused..... * -4

F5. Do you consider yourself white, black, oriental, or some other race?

White.....(26(85 -1
 Black..... 11 -2
 Oriental/Asian or Pacific Islander.. 1 -3
 American Indian or Alaskan native... 1 -4
 Not sure..... 2 -5
 Refused..... * -6

F6. Is your religious background Protestant, Catholic, Jewish, or something else?

Protestant.....(27(54 -1
 Catholic..... 28 -2
 Jewish..... 4 -3
 Other..... 10 -4
 None..... 3 -5
 Not sure..... 1 -6
 Refused..... 1 -7

INTERVIEWER NOTE:

CODE AS "PROTESTANT"

Baptist
 "Born-Again"
 "Christian" (UNSPEC.)
 Church of Christ
 Congregational
 Episcopalian
 "Fundamentalist"
 Latter-Day Saint/
 Mormon
 Lutheran
 Methodist
 Pentecostal
 Presbyterian
 Unitarian

CODE AS OTHER

Christian Scientist
 Greek/Russian Orthodox
 Jehovah's Witness
 7th Day Adventist

F7. Which of the following income categories best describes your total 1986 household income? Was it (READ LIST)?

\$7,500 or less.....(28(12 -1
 \$7,501 to \$15,000..... 14 -2
 \$15,001 to \$25,000..... 19 -3
 \$25,001 to \$35,000..... 16 -4
 \$35,001 to \$50,000..... 14 -5
 \$50,001 or over..... 14 -6
 Not sure..... 5 -7
 Refused..... 5 -8

INTERVIEWER: TOTAL HOUSEHOLD
 INCOME BEFORE TAXES FROM ALL
 SOURCES -- IF UNSURE OF 1986
 INCOME, PROBE FOR ESTIMATE

2011-2-11

THE PREVENTION INDEX '88

SUMMARY REPORT



A Report Card on the Nation's Health

A Project of Prevention Magazine

The Prevention Index: A Report Card on the Nation's Health

A Project of *Prevention Magazine*

Robert Rodale
Editor, *Prevention Magazine*

Thomas Dybdahl
Project Director, The Prevention Index

Sanford T. Beldon
Publisher, *Prevention Magazine*

Mark Schwartz, Ph.D.
Technical Director, The Prevention Index

Prevention in America 5: Steps People Take — or Fail to Take — for Better Health, Survey Summary

Consumers' survey conducted for *Prevention Magazine* by Louis Harris & Associates, Inc. Fieldwork: November, 1987

Project Directors:

Humphrey Taylor,
President
Louis Harris & Associates, Inc.

Louis Genevie, Ph.D.,
Research Director
Louis Harris & Associates, Inc.

Procedures for Computing the Prevention Index

Summary of Behavior on 24 Factors That Apply to Adults

Your Personal Prevention Profile

It was probably too much to expect that the Prevention Index would keep rising. Now, after four straight years of improvement, the 1988 Index has declined.

That's the bad news. The good news is that we've continued to make progress in some areas. And that in spite of the dip, Americans are living much more healthfully than they were a decade ago.

At this point, we don't know whether this year's score represents just a brief setback on the way to further progress, or whether it is an early warning sign. Only future surveys will tell us that.

But we're optimistic. For millions of Americans, good health and safety practices have become an integral

part of their daily lives. And once people discover the benefits of activities that help prevent accidents and disease, they're not likely to give up those activities easily.

It's clear, however, that we can't be complacent about our health behavior. Young people still trail their elders in most preventive practices. In areas such as diet, exercise and weight control, there is still much room for improvement.

Health is too important to be taken for granted. We sponsor the Index survey partly to keep track of our prevention progress, but also to prod us into action. Now that this year's health report card is in, we know what must be done to make next year's report a better one.



Sanford T. Beldon
Publisher
Prevention Magazine

PART ONE

PART TWO

APPENDIX

PREFACE

PART ONE

THE PREVENTION INDEX, 1988

For the first time in its five-year history, the Prevention Index has declined.

Our 1988 Index score was 64.8 out of a possible 100. That's down slightly from 65.2 in 1987. But it still represents an increase of 3.3 points over 1984, the first year.

The Index is a composite score, based on 21 key health-promoting activities. Each activity is weighted for its health impact,* and the total values are adjusted to a scale of 100. So an Index score of 100 would mean that everyone was doing all 21 preventive acts; zero would mean that nobody was doing any of them. (For details on computing the Index, see the Appendix.)

The chart shows the 21 behaviors that comprise the Index, listed in order of decreasing importance as rated by the experts. The first column of numbers shows the percentage of adults who practice each behavior, followed by the experts' rating on its importance for preventing disease and promoting health. The last column shows how much each behavior contributes to the Index score.

Tracking Trends

Despite this year's dip, there were positive signs. We did make progress in some key areas.

The biggest jump was with smoke detectors. Eighty-two percent of people report now having a smoke detector in their home — a 5-point rise over 1987.

Another encouraging note was a 2-point increase in the number of people who get strenuous exercise at least three times a week. While this rise is not statistically significant, it is the largest change we've seen in this

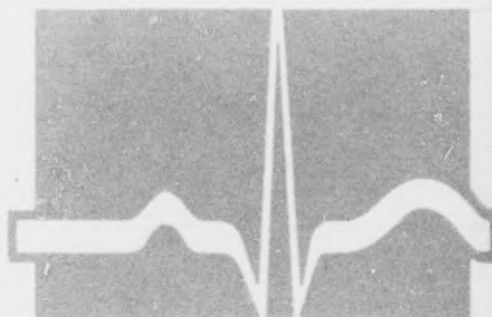
category, and could be an indication of better things to come.

In past years, the biggest improvement — by far — has come in seat belt use. This year's 2-point increase was small, compared to the 14-point leap in 1987. Use of seat belts appears to have reached a plateau, and new state and federal efforts will probably be necessary for further gains.

As usual, most behaviors did not show major shifts. In some cases, that's just fine. Only 28 percent of adults smoke, just 12 percent drink excessively, and 81 percent take steps to avoid home accidents.

In other cases, however, lack of progress is troubling. Less than one in four Americans maintains the proper weight — an unfortunate fact that has been virtually unchanged since our first survey. Barely half of drivers keep to the speed limit, and 23 percent drive after drinking.

Some of the most disturbing news is in the area of nutrition. In two categories — limiting high-cholesterol foods and getting adequate vitamins and minerals — there were four point drops. In addition, efforts to limit



*Importance ratings were obtained from a Louis Harris survey conducted for the Prevention Index project in 1983. Results are presented in "Prevention in America: The Experts Rate 65 Steps to Better Health." It is available from The Prevention Index, 33 E. Minor Street, Enigma, PA 18098.

sodium fell three points, and efforts to limit fat were down two points. These last two declines, though not statistically significant, are worth watching closely.

Looking Ahead

Since our survey measures behavior, rather than attitudes or motivation, it is difficult to know the reasons behind many of the changes. But there is nothing to indicate that Americans' interest in health has peaked, as some people have suggested.

Rather, a closer examination of the survey information shows that while some population groups are declining in their compliance with a particular preventive activity, other groups are improving. For example, over the five years of our study, the percentage of people aged 18 to 29 who get frequent strenuous exercise has increased nine percentage points. But with the 30 to 39 age group, the percentage who get frequent strenuous exercise has declined by five points.

Or consider efforts to get enough vitamins and minerals, either in foods or in supplements. Over the five years of our study, the percentage of people who say they "try a lot" to get enough vitamins and minerals has declined by four points. During this period, however, efforts to get vitamins and minerals *declined* seven points with 18- to 29-year-olds, while *increasing* seven points with 50- to 64-year-olds.

These changes indicate that for some people, health habits are not well established. But for a growing number of people, behavior that prevents accidents and disease has become part of everyday life. The challenge we face is making good health behavior the normal lifestyle for all Americans.

PREVENTION INDEX SCORES	
1984	61.5
1985	63.2
1986	64.1
1987	65.2
1988	64.8

THE PREVENTION INDEX, 1988

Health-promoting Behavior	Adults Practicing (%)	Experts' Rating, Scale 1-10	Value Contributed to Index
1. Do Not Smoke	72	9.78	4.2
2. Avoid Smoking in Bed	92	9.24	5.1
3. Wear Seat Belt	57	9.16	3.1
4. Avoid Driving After Drinking	77	9.03	4.2
5. Smoke Detector in Home	82	8.53	4.2
6. Socialize Regularly	83	8.31	4.1
7. Frequent Strenuous Exercise	35	8.20	1.7
8. Drink Alcohol Moderately	88	8.15	4.3
9. Avoid Home Accidents	81	8.07	3.9
10. Limit Fat in Diet	54	7.82	2.5
11. Maintain Proper Weight	24	7.71	1.1
12. Obey Speed Limit	55	7.65	2.5
13. Annual Blood Pressure Test	84	7.62	3.8
14. Control Stress	68	7.58	3.1
15. Consume Fiber	60	7.41	2.7
16. Limit Cholesterol in Diet	42	7.15	1.8
17. Adequate Vitamins/Minerals	59	7.12	2.5
18. Annual Dental Examination	75	7.08	3.2
19. Limit Sodium in Diet	54	7.04	2.3
20. Limit Sugar and Sweet Foods	49	6.90	2.0
21. 7-8 Hours Sleep/Night	61	6.71	2.5

Prevention Index = 64.8

PART TWO

PREVENTION IN AMERICA 5: Steps People Take—or Fail to Take— For Better Health, Summary

PREFACE

Given the dramatic rise in health care costs that has continued through the 1980's, the prevention of disease and accidents should be among the highest priorities for America. And while it is true that increasing media attention has been paid to the importance of healthful living, and that progress has been made, there is still enormous room for improvement.

In order to learn the extent to which Americans are making progress toward practicing healthful living, Louis Harris and Associates, working for the fifth straight year under the sponsorship of *Prevention Magazine*, interviewed 1,250 randomly selected adults across the country by telephone from the Harris firm's central survey facility located at Rockefeller Center in New York City. Interviews averaged 25 minutes in length and were conducted between November 11 and 25, 1987.

As in previous years, the interviews concentrated on the most important risk factors and habits believed to influence the long term health of the American people. Survey questions focused on key health enhancing practices such as good nutrition, exercise and weight control, accident avoidance and getting regular medical exams. Various health suppressors such as smoking, alcohol use and stress were also examined.

Because the survey has been conducted every year since 1983, the data allow us to follow the trends in these key prevention measures. This year, we report not only on the overall trends in prevention practices, but also on trends among the major demographic subgroups in the country: men and women, young and old, educated and uneducated. The findings from the 1987 survey, when compared to the results of the baseline 1983 survey, clearly reveal areas where the nation is progressing

and areas where the nation is standing still or falling behind. And the demographic subgroup comparison shows which groups in the country are gaining ground, and which are losing ground in the fight for good health.

It should be noted that the findings reported here (as in all surveys) are subject to sampling error. The smaller subgroups in the sample (such as Hispanics, for instance) have the larger potential sampling fluctuations. Some of the findings reported in this (and in all surveys) are probably also subject to a certain amount of additional error beyond the normal sampling errors. Whenever a form of behavior is perceived to be wrong, antisocial, or embarrassing, it is likely to be underreported, while socially acceptable or desirable behavior is likely to be somewhat overreported. The surprise, in many cases, is that so many people admit to such undesirable behavior as driving after drinking or smoking in bed.

Notwithstanding these possible sources of error, the 1987 survey and its earlier counterparts provide one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross sections of Americans.



Public Release of Survey Findings

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPPI). Because data from the survey will be released to the public, any release must stipulate that the complete report will also be available, rather than simply an excerpt from the survey findings.

Project Responsibility

The director of this project at Louis Harris and Associates was Humphrey Taylor, President. The chief analyst was Louis Genevieve, Ph.D., Research Director.

Louis Harris and Associates would like to thank *Prevention* Magazine for commissioning this research. We would in particular like to thank Robert Rodale, founder of *Prevention*, Sanford Beldon, *Prevention's* publisher, and Tom Dybdahl, who manages the project for *Prevention*, for their continued support. The research



team is also indebted to Lois Hoeffler whose careful and speedy attention to detail made the timely production of this report possible; and to Xiaoyan Zhao, Ph.D.; the newest member of the Harris team, who acted as our reader and in doing so, saved us from several otherwise embarrassing errors. We are also greatly in debt to the many other people who contributed to the development of the questionnaire. However, responsibility for topics, question wordings, the findings, and for their interpretation rests solely with Louis Harris and Associates.

Louis Harris and Associates, Inc.

The main findings of this year's *Prevention* Index survey are summarized below. Overall, the results are mixed: we've made gains in some areas, but lost ground in others.

Nutrition

1. *In spite of the media attention focused on nutrition, the proportion of Americans who say that they "try a lot" to follow a list of good nutritional practices has scarcely changed over the last five years. This finding confirms the conclusions of other researchers that many Americans pay lip service to good nutritional habits, and may even have good intentions, but these good intentions do not translate into good nutritional behavior.*

- Women, older people and the more educated are currently doing the most and have made the most gains nutritionally during the last five years.

- Women show strong gains in avoiding sodium, caffeine and increases in getting enough calcium and fiber.

Older people have increased their fiber consumption also, while avoiding caffeine and cholesterol.

- More educated people are avoiding sodium and cholesterol and increasing fiber into their diet. Less educated people have registered increases in avoiding sweets and increasing calcium consumption.

Exercise

2. *The number of people taking regular strenuous exercise has not changed significantly since 1983. However, the survey indicates that exercising was not a passing fad.*

- The country divides between the East and the Midwest, where fewer people exercise and where the numbers exercising may actually have declined; and the South and West, where more people exercise and the numbers appear to have been growing.

- Regular strenuous exercise is concentrated among those under 30, 51%

SURVEY HIGHLIGHTS



of whom say they exercised regularly compared to only 17% of those 65 years of age and older. That 17% figure represents a 6% decline since 1983 in the rate of strenuous exercise among those 65 years of age and older. At the same time those under thirty have experienced a 9% increase in this rate.

- The number of Americans who say that they get strenuous exercise on an irregular basis, a behavior that has been linked to injuries and sudden death, stands at 30%, a figure that has remained stable since the first year of this survey in 1983.

Weight

3. *More men than women are overweight. But more women than men believe they're overweight.*

- The proportion of women who are overweight, however, has increased in the last five years from 47% in 1983 to 53% in 1987.

- Given these figures, it is not surprising that women are more likely to be dieters, 44% in 1987 compared to only 31% in the men. This figure, however, represents a six percent decline since 1983 when 50% of the women said that they were trying to lose weight.

- The slight increase in the proportion of people who are overweight during the last five years is primarily due to an 8% increase in overweight people in the Midwest, the area of the country that is also exercising the least.

- The survey confirms that people with low incomes and relatively little education are more likely to be overweight than upper income or well-educated people.

- Of equal importance are those who are below their recommended weight range, which may be an indication of malnutrition or illness. In 1987, 16%, about one out of six of those questioned, were below their recommended weight range, a figure that has decreased since 1983.

Safety

4. *The number of people in homes with smoke detectors has increased for the fourth consecutive year to 82% from 67% in 1983.*

- The most rapid growth in the number of people living in homes with smoke detectors has occurred among those groups in the population who needed them most, minorities and people with low incomes.

5. *Primarily as a result of legislation at the state level, there has been a 38% increase in the number of people who wear safety belts in their automobiles during the last five years.* In 1983, this figure stood at only 19%, less than one out of five Americans. In 1987, this figure had trebled to 57%.

- Increases in the rate of seatbelt use between 1983 and 1987 have been strongest among women as compared to men and among young people, those 18-29 years of age as compared to older people.

- Wealthier, more educated people tend to use seatbelts more often.

6. *The number of drivers who say they exceed the speed limit on the nation's highways is on the increase.*

- In 1983, 56% of adult Americans said they never exceed the speed limit compared to 50% in 1987. Young people are about twice as likely as older people to exceed the speed limit. In 1987, only 33% of those 18 to 29 years of age said that they *never* exceeded the speed limit compared to 64% of those between 50 and 64 years of age and 62% of those 65 years of age and older.

7. *The mix of drinking and driving is on the decline.*

- In 1983, 30% of the drivers questioned said that they drove after drinking at least sometimes. By 1987, this figure had declined to 23%. While

this 7% decrease is encouraging, it should be noted that even now more than one out of five Americans say that they sometimes drive after drinking.

Routine Medical Exams

8. *As far as routine medical exams are concerned:*

- Three out of four in the nation now receive a dental exam once a year, a slight increase since 1983.
- More than eight out of ten Americans receive a blood pressure screening at least once a year.
- Forty-five percent have their cholesterol monitored at least once a year, figures that have remained constant since 1983. Older people are far more likely than younger people to have their cholesterol level tested. In 1987 63% of those 65 years of age or older did so, compared to only 36% of those under forty.
- In 1987, 75% of the women around the country indicated that they had received a pap smear test for cancer in the last two years.

Smoking

9. *The overall rate of smoking cigarettes among adult Americans seems to have bottomed out at 27% for the time being.*

- Men and women now smoke cigarettes at equal rates.
- Although the rate of smoking among both sexes has declined since the Harris firm first measured this number in 1974, the rate of decrease for men has been much higher than the decline among women. Because the rate of decline in smoking among women is lower, the difference in the proportion of men and women smoking has been narrowing over the years, from 10 to 12 percent in the mid-1970's to about equal proportions in the early 1980's.
- Since 1983, the rate of smoking among men has continued to decline, 6% in all, while the rate of decline among women has been nil. Hence, in 1987, there were slightly more women who smoked than men.

● Those who smoke are more likely to be younger, less educated, and have fewer financial resources.

● The gap between the rich and the poor with respect to smoking may be widening. The decline in smoking has been sharpest among those with higher incomes.

Drug and Alcohol Use

10. *Drug use among young people declined sharply between 1984 and 1987.*

● Recreational drug use has declined around the country, from 9% in 1984 to 6% in 1987. While this represents only a 3% decrease, the decline represents about a 33% decrease in the number of Americans who say they use "recreational" drugs.

● The use of recreational drugs has declined most steeply among younger people, from 21% in 1984 to only 10% in 1987.

11. *However, younger people (those less than 30 years of age) were far more likely to drink alcohol heavily than older people (those over 64 years of age) (37% vs. 5%).*

Stress

12. *More women say they are under a great deal of stress at least several days a week than men (35% compared to 27%).*

- Stress tends to increase between 18 and 49 years of age and then decrease among those 50 years of age and older.
- Stress peaks in the 40-49 year old age group, which experienced a 14% increase in the rate of stress over the last five years.



●Stress is lowest among those 65 years of age and older, only 13% of whom said that they were under a great deal of stress.

●Those with four year college degrees experienced the greatest level of stress, with 35% indicating that they felt under a great deal of stress at least several days a week, compared to those without a high school diploma, only 26% of whom said they were under a great deal of stress.

American Attitudes Toward Prevention

13. A plurality (45%) of Americans believe that health care services should give more emphasis to prevention. However, the minority who believe that we have the balance right between treatment and prevention has increased from 18% in 1983 to 32% in the latest survey. Only 11% think that more emphasis should be given to treatment.

●The erosion of support for greater preventive measures on the part of the health care system has been greatest among those constituencies who in the past have supported it the strongest: the middle class, people under 40, and those who live in the Western part of the country.

Concern About AIDS

14. Concern about AIDS as a major health problem is growing.

●In the two years between 1985 and 1987, the number of people who think that AIDS will become a major epidemic has almost doubled, from 14% to 27%.

●While only a minority think that AIDS will be a major epidemic five years from now, the vast majority, almost seven out of ten Americans, think that it will be a growing health problem. This figure has increased by 16% in the last two years.

15. In 1987, 16% of adults in America believe that they, themselves, run the risk of catching AIDS, an increase of 6% during the last two years.

●Concern about personal risk is growing most rapidly in the Western part of the country. About equal numbers of men and women ex-

pressed concern about catching AIDS, although there was indication that concern among men is rising faster than among women.

●Personal concern about the risk of catching AIDS is higher and rising faster among men and concern that AIDS will become an epidemic in the next five years is higher and rising more rapidly among women.

16. With concern about AIDS on the increase, it is not surprising that 49% of those questioned said that they are taking special steps or precautions to avoid catching AIDS.

●Regionally, 55% in the Southern part of the country are taking steps to avoid catching AIDS compared to only 44% in the East. This major regional difference is primarily due to the fact that the Eastern part of the country has experienced no increase in the proportion of adults taking steps to avoid AIDS over the last two years, compared to the South, which registered a 13% increase.

●AIDS is clearly affecting the sexual behavior of young people. Sixty-one percent of those 18 to 29 years of age are taking precautions, compared to only 31% of those 65 years of age and older.

●Minority groups showed a small decline in the proportion of people taking precautions to avoid getting AIDS between 1985 and 1987, a cause for major concern, given the disproportionate number of minorities who have the disease.

●Although fewer Whites are taking precautions than those of minority communities, the rate of increase among Whites is greater than among Blacks and Hispanics.



Aside from a small increase in calcium consumption and a slight decline in vitamin and mineral consumption, almost no change has taken place in the last five years in the structure of the American diet as it relates to preventing illness.

Are we, as a nation, moving toward a more healthy diet? As shown by the data in Table 1-1, the answer to this question is a resounding no. Aside from a small increase in calcium consumption and a slight decline in vitamin and mineral consumption, almost no change has taken place in the last five years in the structure of the American diet as it relates to preventing illness.

Currently:

- Only about one out of three people say they try to avoid caffeine and food additives such as preservatives, colorings, and artificial flavorings.
- Less than half try a lot to avoid eating too much sugar and sweet food or very high cholesterol foods.
- Slight majorities are trying a lot to avoid eating too much sodium and fat.
- Fifty-four percent say that they try a lot to get enough calcium, which, while representing a 4% increase between 1983 and 1987, represents a 3% decline since 1986 when the figure stood at 57%.

These figures paint a rather dismal portrait of the average American diet, still dominated by high fat, low fiber foods.

Limiting Sodium

The East and the Midwest have posted significant gains in avoiding sodium, while the South and the West have experienced declines. Most significantly, those in central cities have become much more concerned about salt and sodium, showing a 10% increase between 1983 and 1987 while areas outside central cities experienced slight declines.

Those under thirty expressed the least concern about sodium consump-



tion, and those over fifty the most. There is some indication, however, that this may be changing, as younger people's interest in avoiding sodium has risen during the study period by 6% as compared to about a 2% decline among those over fifty.

Avoiding Fat and Cholesterol

For the most part, differences among the various demographic subgroups in avoiding fat and cholesterol are slight and inconsistent. Those in the lower income groups, however, as well as Black and Hispanic minorities and those with less education, may be becoming less concerned about this issue.

Older people, especially those between 40 and 64, seem to be gaining interest in the avoidance of high cholesterol foods. Those under 40 experienced about a 4% decline in interest in avoiding high cholesterol foods between 1983 and 1987, further increasing the gap between older and younger people in this regard. (See Table 1-2.)

Watching Sugar and Sweets

Interest in avoiding sugar and sweets seems to be increasing among those with less education and less income, while decreasing among those with

SECTION ONE NUTRITION

TABLE 1-1
CHANGES IN DIET & NUTRITION

Health Enhancing Behaviors Nutrition	1983 Survey %	1984 Survey %	1985 Survey %	1986 Survey %	1987 Survey %	Percentage Point Change From 1983 1987
General Diet						
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	+1
Try a lot to avoid eating too much fat	55	59	56	56	54	-1
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	42	0
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	-2
Try a lot to get enough calcium	50	45	57	57	54	+4
Try a lot to avoid caffeine in beverages such as coffee, tea, and certain soda pop	NA	34	37	34	34	0
Try a lot to avoid foods that contain additives such as preservatives, colorings, and artificial flavorings	NA	37	33	36	36	-1
Specific Foods						
Try a lot to eat enough fiber	59	58	59	59	60	+1
Try a lot to eat fish twice a week	NA	NA	34	31	33	-1
Try to eat vegetables in the cabbage family	NA	NA	62	65	59	-3
Food Supplements						
Percent who use food supplements	NA	NA	NA	NA	53	NA
Try a lot to get enough vitamins and minerals	63	57	63	63	59	-4

more education and more income. Aside from this, demographic patterns indicate that the slight decline in interest in avoiding too much sugar and sweet food has occurred across the board.

Calcium Consumption

The increase in calcium consumption is one of the few bright nutritional spots. The data reveal, however, that the 4% increase nationally has not occurred consistently within the various subgroups in the nation. Regionally, for example, the Eastern and Western parts of the country have experienced greater increases in calcium consumption than the Midwest or the South.

At the individual level, both men and women have increased their calcium consumption, but women have increased theirs more dramati-

cally than men, exhibiting a 9% increase between 1983 and 1987. Calcium consumption among Whites has increased by 5% while decreasing by 8% for Blacks.

Eating Fiber

The Eastern and Western regions of the nation have experienced increases in interest in getting enough fiber, while the Midwestern and Southern parts of the country have experienced declines.

Important changes occurred among the various age groups. Those in their thirties exhibited a 10% decline in interest in fiber consumption, while those in their forties exhibited an increase of 13%. Currently, women, older people, and more educated people are more likely to be trying a lot to get enough fiber from whole grain cereals, fruits, and vegetables.

Vitamins and Other Food Supplements

Although women still hold the edge over men in their concern about vitamin and mineral consumption, men's interest has remained stable between 1983 and 1987, while interest among women declined by 6%. Minority groups experienced greater declines than Whites in general, as did those under 40, and those with more education.

Overall, however, older people and those with more education do the most to try to get enough vitamins and minerals.



TABLE 1-2

CHANGES IN CHOLESTEROL AVOIDANCE AND FIBER CONSUMPTION, 1983-1987

Base	Percent Who Try a Lot to Avoid Eating High-Cholesterol Foods		Percentage Point Change From 1983 to 1987
	1983 1253 %	1987 1250 %	
Total Adults	42	42	0
Region			
East	46	42	-4
Midwest	38	38	0
South	42	45	+3
West	42	43	+1
Age			
18-29 years	28	28	0
30-39 years	45	37	-8
40-49 years	41	51	+10
50-64 years	48	52	+4
65 and over	57	56	-1
	Percent Who Try a Lot to Eat Enough Fiber		Percentage Point Change From 1983 to 1987
	1983 %	1987 %	
Total Adults	59	60	+1
Region			
East	56	62	+6
Midwest	59	51	-8
South	61	59	-2
West	63	67	+4
Age			
18-29 years	47	47	0
30-39 years	63	53	-10
40-49 years	54	67	+13
50-64 years	71	72	+1

SECTION TWO EXERCISE



How many Americans exercise regularly? If you ask people if they get any regular exercise either at work or somewhere else, the vast majority report that they get regular exercise. In 1987, fully 79% of those questioned indicated that they did so.

We know from a wide variety of research, however, that regular *strenuous* exercise, exercise that causes an individual to breathe heavily and the heart and pulse rate to be accelerated, (i.e. aerobic exercise) is the form of exercise most likely to have health and longevity benefits. It is in this vital area that Americans fall short.

In 1987, only 35% of those questioned indicated that they got regular strenuous exercise at least three days a week, the recognized minimum for maintaining fitness and good health. Only 20% said that they got exercise four or more days a week, the minimum necessary for improving conditioning. Only 9%, less than one out of ten Americans, make strenuous exercise a regular and routine part of their daily lives.

Differences in Strenuous Exercise

Regionally the Western part of the nation sets the pace in the proportion who exercise, with 44% reporting that

they exercised strenuously three or more days a week in 1987. This represents a 7% increase over the Wests' figure for 1983. In the South, 38% say they exercise strenuously on a regular basis, which represents a 4% increase over the 1983 figure. In the Midwest, however, only 31% exercise regularly, and this figure represents a 5% decline since 1983. The Eastern region remained relatively stable, rising from 29% to 31%.

Men lead the way in the proportion who say they exercise strenuously on a regular basis. In 1987, 44% of men questioned indicated that they did so, while only 28% of women indicated that they exercised strenuously on a regular basis. These figures have remained almost identical since the first year of the survey.

Ethnically, Blacks exhibited a tremendous increase in the rate of those indicating regular strenuous exercise. In 1983, only 28% of Blacks questioned indicated that they exercised regularly, whereas in 1987, 48%, an increase of 20% over 1983, indicated that they did so. The rate of strenuous, regular exercise for Whites and Hispanics remained stable between 1983 and 1987, with 35% of Whites exercising regularly along with 33% of Hispanics.

Not surprisingly, those who indicate that they exercise strenuously on a regular basis are also more likely to report excellent health. In 1987, 48% of those who said they exercised strenuously on a regular basis said that they were in excellent physical health as compared to only 26% of those who said that they were in fair or poor physical condition. These figures strongly indicate that exercise is both an underlying factor as well as a result of feeling good physically and plays a critical role in any overall strategy to promote the health of the nation.

TABLE 2-1
CHANGE IN THE RATE OF REGULAR STRENUOUS EXERCISE, 1983-1987

	Percentages of Those Who Exercise Strenuously 3 or More Days Per Week				Percentage Point Change From 1983 to 1987
	1983 Base	%	1987 Base	%	
Total Adults	1254	34	1250	35	+1
Region					
East	321	29	313	31	+2
Midwest	324	36	311	31	-5
South	376	34	386	38	+4
West	233	37	240	44	+7
Urbanism					
Central city	385	33	379	40	+7
Rest of metropolitan area	562	32	572	36	+4
Outside metropolitan area	307	36	299	29	-7
Sex					
Men	608	42	598	44	+2
Women	646	26	652	28	+2
Race					
White	1049	34	1011	35	+1
Black	118	28	95	48	+20
Hispanic	87	32	92	33	+1
Age					
18-29 years	340	42	318	51	+9
30-39 years	285	39	299	34	-5
40-49 years	216	26	175	35	+9
50-64 years	215	30	238	29	-1
65 and over	194	23	211	17	-6
Education					
Not high school graduate	215	32	201	27	-5
High school graduate	433	31	442	32	+1
Some college	312	36	294	39	+3
Four-year college graduate	291	39	309	42	+3
Household Income					
\$7,500 or less	137	29	123	25	-4
\$7,501-\$15,000	230	27	147	32	+5
\$15,001-\$25,000	287	37	275	36	-1
\$25,001-\$35,000	226	40	222	39	-1
\$35,001-\$50,000	128	37	206	38	+1
\$50,001 and over	108	40	157	44	+4
Usual Occupation of Head of Household					
Blue-collar labor, service	552	35	498	37	+2
Clerical, sales	148	24	186	35	+11
Professional, manager, or proprietor	424	36	442	35	-1
Self-Described Health Status					
Excellent	343	46	328	48	+2
Very good or good	718	34	734	32	-2
Fair or poor	189	22	185	26	+4

SECTION THREE WEIGHT CONTROL

Since there is a little understanding that being thin is a part of a lifestyle that includes exercise and good nutrition, most dieters fail to lose weight.

Many Americans are obsessed with their weight. Each year billions of dollars are spent on diet workshops, diet foods, and diet books. Since there is little understanding that being thin is a part of a lifestyle that includes exercise and good nutrition, most dieters fail to lose weight.

Forty-three percent of Americans feel overweight. Interestingly, more women than men feel this way, even though objectively fewer women are overweight. Not surprisingly, given these figures, women are more likely to be dieters, 44% in 1987 compared to only 31% of the men. There has, however, been a slight decline in this figure since 1986 when 50% of the women said they were trying to lose weight.

The failure of Americans to control their weight is shown by the data in Table 4-1. Amidst the abundance of food that we enjoy, six out of ten weigh more than they should for their height and bone structure.* Fifteen percent are at least 20% above their recommended weight and only about one out of four are within recommended range.

Of equal importance are those who are below their recommended weight range, which may be an indication of malnutrition or illness. In 1987, 16% of those questioned were below their weight range, a figure that has decreased since 1983.

TABLE 3-1
TRENDS IN WEIGHT CONTROL

Base	1983 Survey 995 %	1984 Survey 1002 %	1985 Survey 1061 %	1986 Survey 1022 %	1987 Survey 1008 %
30% or more above range	6	6	8	6	7
20% to 29.9% above range	9	7	7	7	8
10% to 19.9% above range	15	15	14	15	17
5% to 9.9% above range	13	11	16	15	14
Up to 4.9% above range	16	16	16	15	13
Within recommended range	23	22	21	23	24
Up to 4.9% below range	9	9	9	10	8
5% to 9.9% below range	6	5	4	5	5
10% or more below range	4	3	4	3	3

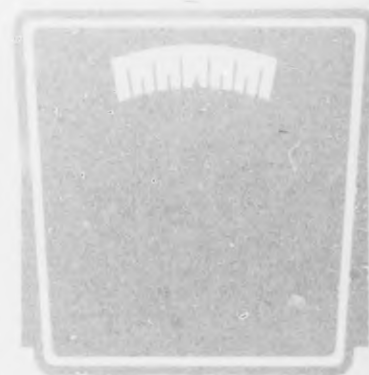
*Based on those aged 25 and above whose weight/height/build/sex combination could be classified, using Metropolitan Life Insurance Company tables.

*Recommended ranges for adults are based on the "old" Metropolitan Life Insurance tables because of statistical controversies provoked by the newer tables. Reported percentages are based on the 94% of adults aged 25 and over whose weight/height/body build/sex combination could be classified. Reported weight and height are adjusted for shoes and clothing. The details of the Metropolitan Life Insurance tables can be found reprinted in many sources, such as Randolph Lee Clark and Russell W. Cumley (eds.), *The Book of Health*, 3rd edition (New York: Van Nostrand Reinhold, 1973), and William A.R. Thompson, *Black's Medical Dictionary*, 33rd edition (Totowa, N.J.: Barnes and Noble, 1981).

TABLE 3-2
PERCENTAGE OF ADULTS WHO KEEP THEIR WEIGHT WITHIN THE
RECOMMENDED RANGE, 1984-1987

Base	Weight Within Recommended Range*				Percentage Point Change From 1984 to 1987
	Base 1984	%	Base 1987	%	
Total Adults	1047	22	1008	24	+2
Region					
East	268	20	260	23	+3
Midwest	275	22	253	20	-2
South	311	24	306	25	+1
West	193	23	189	28	+5
Urbanism					
Central city	305	21	293	24	+3
Rest of metropolitan area	476	24	471	25	+1
Outside metropolitan area	266	20	244	23	+3
Sex					
Men	498	18	467	24	+6
Women	549	26	541	24	-2
Race					
White	920	23	843	25	+2
Black	86	11	69	20	+9
Hispanic	48	30	59	20	-10
Age					
18-29 years	161	21	140	29	+8
30-39 years	283	25	284	27	+2
40-49 years	175	22	164	21	-1
50-64 years	238	21	223	20	-1
65 and over	190	20	174	23	+3
Education					
Not high school graduate	206	15	164	15	0
High school graduate	365	24	345	26	+2
Some college	212	22	223	21	-1
Four-year-college graduate	263	25	274	30	+5
Household Income					
\$7,500 or less	115	19	91	19	0
\$7,501-\$15,000	191	23	122	18	-5
\$15,001-\$25,000	220	21	228	28	+7
\$25,001-\$35,000	206	24	182	24	0
\$35,001-\$50,000	142	23	170	23	0
\$50,001 and over	88	26	135	32	+6
Usual Occupation of Head of Household					
Blue-collar labor, service	429	18	391	23	+5
Clerical, sales	137	25	156	23	-2
Professional, manager, or proprietor	409	25	372	29	+4
Self-Described Health Status					
Excellent	247	27	262	29	+2
Very good or good	613	23	587	24	+1
Fair or poor	182	13	157	15	+2

* Based on the 94% of adults aged 25 and over whose weight/height/body-build/sex combination could be classified (N=1008).



SECTION FOUR

AVOIDING ACCIDENTS

Serious accidents, both in the home and on our nation's highways, cost billions of dollars in healthcare costs, to say nothing of the grief and personal tragedy inflicted on millions of Americans. Some accidents, are of course, unavoidable. Others, however can be avoided. And still others can be made less serious if we learn to take the proper precautions.



Safety in the Home

As a nation, we are becoming more safety conscious in the home. In 1987, 81% of those questioned indicated that they did take steps in their home to avoid accidents. This compares to the 72% of those questioned in the 1983 survey, an increase of 9%.

Regionally, those in the East and Midwest are taking more safety precautions in the home than in the South and the West. Although women are slightly more likely than men to be safety conscious in the home (85% compared to 77%) and this gap may be widening, most other demographic subgroups show little difference in the proportion of those taking safety precautions in and around the home. Even younger people, who, in 1983, held the lowest rank in this regard, moved up by 15% and are currently as safety conscious around the home as older people.

The Use of Smoke Detectors

In 1987 nearly 82% of Americans had smoke detectors in their homes. This figure represents a 15% increase over the 1983 survey figure which stood at 67%.

Increases were registered in all regions of the country, but especially high increases occurred in the South and Midwest. The Southern region,

while still the lowest on this scale, registered a 21-point increase between 1983 and 1987.

The greatest increases registered from 1983 and 1987 were among those who needed the increases most, that is, those who had fewer smoke detectors in the home in 1983 — primarily low income people and ethnic minorities.

Highway Safety

Since 1983, the nation has been doing much better in the use of seat belts. Primarily as a result of legislation at the state level, there was a 38% increase in the number of people who say they wear safety belts between 1983 and 1987. In 1983, this figure stood at only 19% — less than one out five Americans. In 1987, this figure had risen to 57%. While commendable, it should be noted that despite this increase less than six out of ten Americans buckle up for safety, so there is still much room for improvement.

Even though the Midwest registered an increase during the study period, only 53% of those in this area of the country now wear seatbelts, compared to 65% of those in the Western part of the nation. Those outside major metropolitan areas also showed much room for improvement. Only 46% of those in rural areas said they wear seat belts all the time in 1987, and while this represented a 33% increase over 1983, rural areas still have the lowest rate of seatbelt use in the country.

The individual's self-described health status is related to whether or not he or she buckles up. Although the reason for this may not be altogether clear at first glance, it may be that buckling up, a relatively simple, straightforward safety precaution, is an indication of a person's general concern and awareness of the importance his or her behavior makes in health status. Sixty-seven percent of those who say they are in excellent health buckle up, compared to only 46% of those say they are in poor or only fair health.

The number of people who say they exceed the speed limit on the nation's highways is on the increase. In 1983 only 44% of adult Americans said they

exceeded the speed limit at least sometimes, compared to 50% in 1987.

Regionally, the increase in speeding was centered in the West, which experienced a 12% increase in the number of speeders between 1983 and 1987. The Midwest experienced no increase during this period and remains the area of the country with the slowest drivers. Sixty percent of those in the Midwest say they never exceed the speed limit.

Young people are about twice as likely as older people to exceed the speed limit. In 1987 only 33% of those 18 to 29 years of age said that they never exceeded the speed limit, compared to 64% of those between 50 and 64 years of age and 62% of those 65 and older.

Driving After Drinking

Alcohol use has been connected to approximately 50% of the accidents on our nation's highways. Fortunately, the mix of drinking and driving is on the decline. In 1983, 30% of those questioned said they drove after drinking at least sometimes. By 1987, this figure had declined to 22%. While this 8% decrease is encouraging, it should be noted that even now, *more than one out of five Americans say that they sometimes drive after drinking.*

Regionally, the decline in the number of adults who say that they drive after drinking has occurred on a relatively equal basis. The decline in the South was greatest (9%) and this area of the country, perhaps because of greater enforcement of DWI laws, has the fewest number of people who drive after drinking (17%).

Those with more education and greater household incomes still tend to report more driving after drinking than those with less education and fewer financial resources. In 1987 only 10% of those without a high school diploma indicated that they drove after drinking, compared to 29% of those with a four-year college degree. This same pattern holds true for the various levels of household income. Thirty-six percent, almost four out of ten of those making more than \$50,000 a year, said that they drove after drinking at least sometimes, compared to only 11% of those whose household incomes was \$7,500 a year or less.

TABLE 4-1
TREND IN SOME ASPECTS OF SAFETY AT HOME

Q.: Do you take any special steps or precautions to avoid accidents in and around your home?

Q.: Do you have a smoke detector in your home, or not?

Q.: Does anyone in your household ever smoke in bed, or not?

Base	1983 Survey 1251 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %
Precautions at Home					
Yes, take steps	72	81	80	80	81
No, don't take steps	26	18	19	19	18
Not sure	1	1	*	1	1
Smoke Detector					
Have a smoke detector	67	74	76	77	82
Do not have	32	26	24	23	18
Not sure	*	*	*	1	*
Smoking in Bed					
Yes, someone smokes in bed	11	11	9	8	8
No, no one ever smokes in bed	85	74	89	86	88
No one in household smokes (vol.)	3	15	2	5	4
Not sure	*	1	*	*	*

*Less than 0.5%

TABLE 4-2
TREND IN SOME ASPECTS OF AUTO SAFETY

Base	1983 Survey 1251 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %
Wearing Seatbelts					
All the time	19	27	41	55	57
Sometimes	26	33	31	29	27
Never	53	39	28	15	15
Not applicable (vol.)	1	1	*	1	*
Not sure	*	*	*	*	*
Driving at or Below Speed Limit					
All the Time	56	52	50	51	50
Sometimes	38	43	45	43	45
Never	5	5	5	5	4
Not sure	*	*	*	*	1
Driving After Drinking					
All the time	5	4	3	3	2
Sometimes	25	27	25	23	21
Never	52	53	59	56	44
Don't drink (vol.)	16	15	12	18	22
Not sure	2	*	1	*	*

Base: Drivers only

*Less than 0.5%

SECTION FIVE MEDICAL TESTS

While men and women, and various ethnic groups tend to get cholesterol testing on a fairly equal basis, younger people report that they get cholesterol testing much less often than older people.



Regular medical exams are an important part of a program designed to enhance personal health. They can stop disease in its early stages, and prevent problems from becoming more serious.

Blood Pressure Monitoring

Americans are doing quite well with respect to monitoring their blood pressure. In 1987, fully 84% of those questioned indicated that they had a blood pressure screening exam at least once a year.

Women have generally been more concerned about their blood pressure than men, and this difference seems to be increasing. In 1983, 80% of the men indicated that they received annual blood pressure readings and 84% of the women did so. In 1987, however, only 78% of the men got regular blood pressure readings compared to 89% of the women, a 5% increase.

Socioeconomic status, as indicated by educational level and household income, play a very minor role in who gets blood pressure readings on an annual basis. While there is a very slight tendency for those who are more educated to get blood pressure readings, this difference is offset by the fact that those with lower incomes tend to get the readings slightly more often than those with higher incomes.

Cholesterol Testing

In 1987, 45% of those questioned indicated that they received a cholesterol test at least once a year. This figure has changed very little since the question was first asked in 1984, when 43% of those questioned indicated that they received cholesterol testing at least once year.

While men and women, and the various ethnic groups tend to get cholesterol testing on a fairly equal basis, there is a major difference among the various age categories. Younger people report that they get cholesterol testing much less often than older people. In 1987, only 36% of those under 40 indicated that they received cholesterol testing on an annual basis, compared to 63% of those 65 years of age and older. There is also some indication that this difference may be widening, as those over 65 years of age experienced a nine percent increase in the rate of cholesterol testing between 1984 and 1987, compared to only about a two or three percent increase among those under 40. Those between 40 and 64 years of age actually experienced a decline in the rate of cholesterol testing.

Regular Dental Exams

In 1987, fully three out of four Americans indicated that they saw a dentist at least once a year. This figure represents a 4% increase over the 1983 figure.

Regionally, the Eastern and Western parts of the country experienced the greatest gains between 1983 and 1987. In the East, the rate of annual dental checkups increased by 10% from 71% to 81%. In the West, the proportion receiving regular dental exams increased by 7%, compared to a 3% increase among those in the

Midwest and a 2% decline among those in the South.

People with a very low level of education (i.e., those who did not graduate high school) experienced a 10% decline in the rate of annual dental checkups between 1983 and 1987, and remain the most underserved group. Only 42% indicated that they received an annual dental checkup, compared to 91% of those with four year college degrees. Because those with the highest level of education experience a 10% increase between 1983 and 1987, the gap between those with the highest and lowest educational levels increased.

Pap Smear

When we asked women around the country if they had received a pap smear test for cancer in the last two years, 75% indicated that they had

done so. While this figure was identical to the 1983 proportion, it represented a 5% decline during the last year (1986-1987).

There are also some important ethnic differences worth noting. In 1987, only 65% of the Hispanic women questioned indicated that they received regular pap smears, a 19% decline over the 1983 data. Black women, on the other hand, experienced a 13% increase in the rate of regular pap smear testing during the same time period and now receive proportionately more pap smear testing than any other ethnic groups. Fully 85% of the Black women questioned in 1987 indicated that they received a regular pap smear. This compares to 76% of the White women questioned.

Pap smear testing, like other medical examinations, is a sign of

TABLE 5-1
TREND IN MEDICAL EXAMS AND TESTS

Base	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %	Percentage Point Change From 1983 to 1987
Blood Pressure Reading						
More often than once a year	52	59	59	55	56	+4
Once a year	30	26	28	29	28	-2
Every two years	6	5	5	5	6	0
Every three or four years	2	2	3	3	3	+1
Every five years or less often	3	2	3	4	2	-1
Never	5	3	2	3	3	-2
Not sure	2	2	1	1	2	0
Cholesterol Blood Test						
More often than once a year	x	17	20	18	19	+2
Once a year	x	26	28	28	26	0
Every two years	x	8	7	8	7	-1
Every three or four years	x	6	4	5	4	-2
Every five years or less often	x	4	6	5	5	+1
Never	x	32	29	30	34	+2
Not sure	x	7	5	6	4	-3
Dental Exam						
More often than once a year	44	45	46	49	50	+6
Once a year	27	27	28	27	25	-2
Every two years	8	7	7	6	6	-2
Every three or four years	4	4	3	3	4	0
Every five years or less often	3	5	4	4	4	-7
Never	11	10	11	11	10	-1
Not sure	3	1	1	1	1	-2

x=Not asked

health concern and good health, as indicated by the fact that those in excellent health are more likely to say they received a pap smear test than those in fair or poor health. In 1987, 81% of those who reported excellent health indicated that they received a pap smear test, compared to 64% of those in fair or poor health.

Breast Self-Examination

Breast self-examination can identify potentially cancerous tissue before it has a chance to spread and thus can save many lives. Yet, in 1987, only 42% of the women questioned indicated that they examined their breasts on a monthly basis. While this figure represents a 5% increase over the 1983 data, it should be noted that

between 1985 and 1987 there was a 6% decline in this figure.

The decline in monthly self-examinations of the breast was most prominent among Black women, who experienced an 11% decline between 1985 and 1987, from 51% to 40%. White women, on the other hand, experienced about an average decline (6%), while Hispanic women experienced a 4% increase in this figure.

The decline over the last two years in monthly breast self-examinations among women was centered primarily among women under 30, who experienced a 10% decline in this figure. The rate among other age groups was either at or below the average decline that has occurred (6%).

TABLE 5-2
TREND IN TESTS AND SELF-EXAMS FOR WOMEN

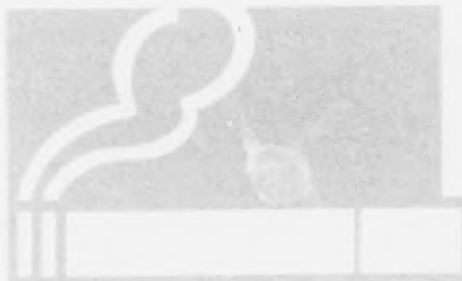
Base: Women only						
Base	1983 Survey 646 %	1984 Survey 634 %	1985 Survey 640 %	1986 Survey 648 %	1987 Survey 652 %	Percentage Point Change From 1983 to 1987
Pap Smear						
More often than once a year	18	23	15	17	17	-1
Once a year	49	46	54	55	51	+2
Every two years	8	8	9	8	7	-1
Every three years	4	3	3	4	4	0
Every four or five years	3	2	3	2	3	0
Every six years or less often	2	4	3	4	3	+1
Never	13	11	12	7	10	-3
Not applicable (vol.)	1	2	1	2	2	-1
Not sure	2	1	1	*	2	0
Breast Self-Exam						
At least once a month	37	42	48	45	42	+5
Several times a year	30	27	30	30	29	-1
Once a year	9	10	8	6	9	0
Less than once a year	4	4	3	3	4	0
Never	15	13	9	12	13	-2
I never do it - doctor does it (vol.)	2	2	1	3	2	0
Not applicable (vol.)	*	*	-	*	1	+1
Not sure	1	1	1	*	1	0
*Less than 0.5%						

*Less than 0.5%

The decline in smoking has been much steeper for men than for women. In 1987, there were slightly more women who smoked than men who did.

In 1987, 28% of Americans questioned said that they smoked cigarettes. This figure has fluctuated less than 3% since the first Prevention survey in 1983. Although the number of people who smoke has been declining since the Harris firm first measured this behavior in 1974, the decline seems to have bottomed out at this point. About three out of every ten Americans still smoke cigarettes.

The decline in cigarette smoking has been much steeper for men, 47% of whom said they smoked in 1974*, compared to only 27% in 1987. Smoking has also decreased among women, from 38% in 1974 to 29% currently. Because the rate of decline in smoking among women is lower than that among men, the difference in the proportion of men and women smoking has been narrowing over the years, from 10% to 12% in the mid-



1970's to about equal proportions in the early 1980's. Since 1983, the rate of smoking among men has continued to decline, 6% in all, while the rate of decline among women has been nil. Hence in 1987, there were slightly more women who smoked than men.

Among the various education levels, only those with a four-year college degree showed a significant decline in smokers. Only 18% of those with a four-year college degree said

SECTION SIX SMOKING

TABLE 6-1
TRENDS IN SMOKING AND NONSMOKING

Q.: Do you smoke now, or not?

Base	1974 Feb. 1407 %	1975 Mar. 1556 %	1978 Jan. 1347 %	1978 May 1514 %	1980 Mar. 1506 %	1983 Nov. 1252 %	1984 Nov. 1253 %	1985 Nov. 1256 %	1986 Nov. 1250 %	1987 Nov. 1250 %
Smoke now	43	43	39	37	40	30	28	30	27	28
Do not Smoke	57	57	61	63	60	70	72	70	72	72
Percentage of men smoking cigarettes	47	49	45	43	44	33	27	31	29	27
Percent of women smoking cigarettes	38	37	33	32	36	28	30	29	26	29
Difference	+9	+12	+12	+11	+8	+5	-3*	+2*	+3*	-2*

* In these surveys, the smoking rates of men and women are statistically indistinguishable.

Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

*Although not a part of the Prevention Index at the time, the Harris firm first measured this trend in 1974.

that they smoked, compared to about 30% of those without a college degree. Household income follows a similar pattern. Those with more household income smoke less than those with fewer financial resources. About 35% of those making less than \$15,000 said that they smoked, compared to

23% of those making more than \$35,000.

Finally, the effect of smoking on self-described health status should be noted. In 1987, 22% of those in excellent health said that they smoked, compared to 35% of those in fair or poor health.

TABLE 6-2
PERCENTAGE OF ADULTS WHO SMOKE CIGARETTES, 1983-1987

	Adults Who Smoke		Adults Who Smoke		Percentage Point Change From 1983 to 1987
	1983 Base	%	1987 Base	%	
Total Adults	1253	30	1250	28	-2
Region					
East	321	28	313	32	+4
Midwest	324	35	311	28	-7
South	376	30	386	27	-3
West	233	25	240	25	0
Urbanism					
Central city	385	30	379	29	-1
Rest of metropolitan area	562	32	572	26	-6
Outside metropolitan area	307	26	299	31	+5
Sex					
Men	608	33	598	27	-6
Women	646	28	652	29	+1
Race					
White	1049	29	1011	28	-1
Black	118	36	95	29	-7
Hispanic	87	28	92	30	+2
Age					
18-29 years	340	32	318	28	-4
30-39 years	285	34	299	32	-2
40-49 years	216	33	175	31	-2
50-64 years	215	26	238	33	+7
65 and over	194	24	211	17	-7
Education					
Not high school graduate	215	34	201	32	-2
High school graduate	433	34	442	33	-1
Some college	312	30	294	29	-1
Four-year college graduate	291	21	309	18	-3
Household Income					
\$7,500 or less	137	31	123	32	+1
\$7,501-\$15,000	230	33	147	38	+5
\$15,001-\$25,000	287	35	275	31	-4
\$25,001-\$35,000	226	28	222	27	-1
\$35,001-\$50,000	128	27	206	23	-4
\$50,001-and over	108	24	157	23	-1
Usual Occupation of Head of Household					
Blue-collar labor, service	552	32	498	32	0
Clerical, sales	148	28	186	30	+2
Professional, manager, or proprietor	424	26	442	23	-3

The slight increase in abstinence is primarily due to the fact that those 65 years of age and older are drinking substantially less.

Alcohol consumption decreased slightly among the American population between 1983 and 1987. This is reflected by the slight increase in the number of people who never drink (34% in 1983, compared to 36% in 1987). The declining trend in alcohol consumption is also evidenced by the fact that the number of people who drink three or more days a week is also on the decline. This figure stood at 15% in 1983, compared to 11% in 1987.



SECTION SEVEN USE OF ALCOHOL AND DRUGS

Table 7-1
TREND IN THE USE OF ALCOHOL AND DRUGS

Base	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %
Frequency of Alcohol Consumption					
Never	34	30	33	32	36
Less than 1 day a month	16	14	15	15	13
1 to 3 days a month	16	19	20	19	19
1 to 2 days a week	19	21	19	20	21
3 to 4 days a week	7	8	6	6	5
5 to 6 days a week	2	2	2	1	1
Daily/7 days a week	6	6	4	6	5
Not sure	*	-	*	1	*
Quantity of Alcohol Consumption Among Drinkers					
(Base)	(828)	(877)	(842)	(850)	(800)
1 drink	32	30	33	32	33
2 drinks	36	35	34	35	31
3 drinks	15	16	15	15	14
4 drinks	8	8	6	6	9
5 or more drinks	8	10	11	10	13
Not sure	2	1	1	1	*
Recreational Drugs					
(Base)	(1254)	(1253)	(1256)	(1250)	(1250)
Frequently	x	2	2	1	*
Sometimes	x	7	7	2	1
Only occasionally**	x	x	x	4	4
Never	x	91	91	93	94
Not sure	x	*	*	-	-

x=Not asked.

*Less than 0.5%.

**The "only occasionally" category was added in 1986

The slight increase in abstinence is primarily due to the fact that those 65 years age and older are drinking substantially less. In 1983, 55% of those 65 years of age and older said that they did not drink alcohol. By 1987, this figure had risen to 65%, an increase of 10% over the last five years.

Although there was no change in the overall rate of heavy drinking among American adults between 1983 and 1987, significant changes have occurred regionally. Those in the Eastern and Midwestern sections of the nation have experienced declines in the rate of heavy drinking, totaling between 5 and 6%, while the Southern and Western portions of the country registered 6% increases in the rate of heavy drinking during this same time period.

Heavy drinking cuts across all income and educational categories, although those in the very lowest education and income categories tend to drink the least. Generally speaking, those with family incomes under \$25,000 a year experienced a decline in heavy drinking between 1983 and

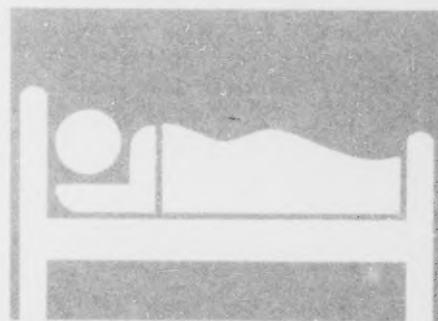
1987, while those with family incomes of \$25,000 a year or more experienced an increase. This same pattern is also evident among college graduates, who experienced a 4% increase in the rate of heavy drinking, as compared to declines in heavy drinking among those without a college degree.

Recreational Drug Use

The use of other recreational drugs is also on the decline. Nine percent of the American population admitted using recreational drugs, such as marijuana, in 1984, compared to 6% in 1987. While this represents only a 3% decrease, that decline represents about a 33% decrease in the number of people who say they use recreational drugs.

The decline in drug abstinence between 1984 and 1987 was centered among the youngest adults in the country, those 18 to 29 years of age. In 1984, 21% of those who were 18 to 29 years of age said that they used recreational drugs, a figure that had declined 10 points by 1987 to 11%.

The number of women who say that they are under a great deal of stress at least several days a week has risen significantly over the last five years, while the rate for men has declined.



Between 1983 and 1987, the number of Americans who said that they were under great stress at least several days a week rose from 28% to 32%. At the same time, more Americans say they are taking steps to reduce the stress in their lives. Sixty-eight percent did so in 1987, compared to 59% in 1983.

The number of women who say that they are under a great deal of stress at least several days a week has risen significantly over the last five years (7%), while the rate for men has declined. Because of this increase, more women are now under a great deal of stress than men (35% compared to 27% of the men).

Stress levels also differed among the various ethnic groups, with White and Hispanic respondents exhibiting approximately equal rates of stress and Blacks somewhat lower. This slightly lower rate of stress among Blacks was due to the 12% decline in this rate between 1983 and 1987. Blacks, who reported the highest rate of stress in 1983, now report the

lowest rate of stress. During this time period the rate of stress increased slightly among White and Hispanic respondents.

Those 65 years of age and older reported the least amount of stress in the nation. In 1987, only 13% of those in this category said that they were under a great deal of stress several days a week. That figure represents a 2% decline over the 1983 data. Further analysis of the trend in the stress across the age groups shows that stress tends to increase between 18 and 49 and then decrease among those 50 years of age and older. Stress peaks in the 40 to 49 years old age group, which experienced a 14% increase in the rate of stress over the last five years.

Stress also has an impact on physical health. Thirty-one percent of those who describe their health as excellent said that they felt under a great deal of stress at least several days a week, compared to 42% of those who describe their physical health status as fair or poor.

SECTION EIGHT STRESS

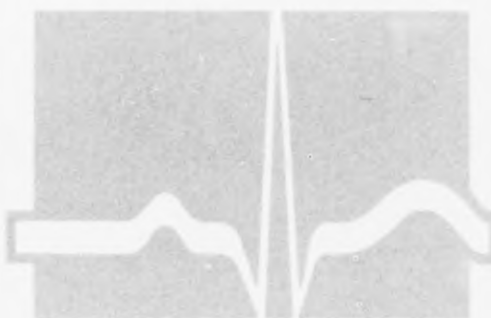
TABLE 8-1
TREND IN SOME ASPECTS OF STRESS

Base	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %	Percentage Point Change From 1983 to 1987
Frequency of Stress						
Almost every day	16	13	14	17	17	+1
Several days a week	28	27	27	30	32	+4
Once or twice a week	27	31	33	29	30	+3
Less often than once a week	29	30	30	30	27	-2
Never	16	10	10	10	10	-6
Not sure	1	2	1	1	1	0
Steps To Control Stress						
Yes, take steps to control	59	70	69	64	68	+9
No, don't take steps	38	29	31	35	30	-8
Not sure	3	1	1	1	2	-1
Sleep						
6 hours or less	25	26	26	26	27	+2
7-8 hours	64	63	64	65	61	-3
9 hours or more	10	10	9	9	11	+1
Not sure	1	1	*	1	1	0
Socializing With Others						
Once a week or more	84	85	85	81	83	-1
Less than once a week	16	14	15	19	18	+2
Not sure	*	1	*	*	1	+1

*Less than 0.5%

SECTION NINE BALANCE BETWEEN PREVENTION AND TREATMENT

Americans' declining interest in increasing prevention practices within the health care system should be a cause of concern for anyone interested in health.



To learn how important the practice of prevention is to Americans, we asked whether health care services in their community have the right balance between treatment and prevention. Or should they be giving more emphasis to treatment, or more emphasis to prevention?

Currently, a plurality (45%) of the American public still thinks that the health care system should be giving more emphasis to prevention. This figure, however, represents a seven percent decline since 1983. Mean-

while, the number who feel that the health care system has got the right balance between treatment and prevention has been rising. Currently almost one out of three Americans feel that the health care system has the right balance, as compared to only 18%, less than one out of five, in 1983.

These figures send a double message. On the one hand, the fact that an increasing number of Americans feel that the health care system has the right balance between prevention and treatment is an indication of a perception on the part of more and more people that more is being done to promote health prior to illness. On the other hand, as those familiar with the health care system are painfully aware, little attention is paid by traditional medicine to the prevention of disease.

In 1987, for example, only 31% of the respondents indicated that a physician had volunteered advice about improving their health habits

Table 9-1

THE BALANCE BETWEEN TREATMENT AND PREVENTION IN THE HEALTH CARE SYSTEM, 1983-1987

Q: There are two approaches to health and sickness: one approach - treatment - which seeks to cure sickness, and another approach - prevention - which seeks to prevent sickness. At the moment, do you think that health care services in your area have the right balance between *treatment* and *prevention*, or should we be giving more emphasis to treatment, or more emphasis to prevention?

Base	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %
Balance Between Prevention and Treatment					
Got the right balance	18	23	24	29	32
Should give more emphasis to treatment	12	10	14	8	11
Should give more emphasis to prevention	52	52	51	43	45
More emphasis to both (vol).	4	3	3	5	3
Not sure	13	12	8	15	9

during the last five years. This fact should not be interpreted as an indictment of the health care system, already overburdened in dealing with those who are beyond preventive measures. But it does show the need

for new efforts to promote health. And Americans' declining interest in increasing preventive practices within the health care system should be a cause for concern among everyone interested in health.

TABLE 9-2
PERCENTAGE OF ADULTS WHO THINK THAT THE HEALTH CARE SYSTEM SHOULD GIVE MORE EMPHASIS TO PREVENTION, 1983-1987

	Percentage of Total Adults Who Say More Prevention				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1253	52	1250	45	-7
Region					
East	321	53	313	46	-7
Midwest	324	50	311	50	0
South	376	47	386	40	-7
West	233	62	240	44	-18
Urbanism					
Central city	385	54	379	43	-11
Rest of metropolitan area	562	53	572	45	-8
Outside metropolitan area	307	47	299	46	-1
Sex					
Men	608	55	598	46	-9
Women	646	49	652	43	-6
Race					
White	1049	53	1011	45	-8
Black	118	45	95	42	-3
Hispanic	87	42	92	48	+6
Age					
18-29 years	340	51	318	44	-7
30-39 years	285	58	299	46	-12
40-49 years	216	56	175	54	-2
50-64 years	215	52	238	45	-7
65 and over	194	42	211	37	-5
Education					
Not high school graduate	215	33	201	34	+1
High school graduate	433	51	442	39	-12
Some college	312	58	294	53	-5
Four-year college graduate	291	63	309	52	-11
Household income					
\$7,500 or less	137	42	123	36	-6
\$7,501-\$15,000	230	47	147	43	-4
\$15,001-\$25,000	287	52	275	43	-9
\$25,001-\$35,000	226	61	222	47	-14
\$35,001-\$50,000	128	64	206	51	-13
\$50,001-and over	108	60	157	56	-4
Usual Occupation of Head of Household					
Blue-collar labor, service	552	45	498	39	-6
Clerical, sales	148	58	186	47	-11
Professional, manager, or proprietor	424	59	442	53	-6

SECTION TEN

AIDS: ATTITUDES AND BEHAVIORS

In the past two years, the number of people who think AIDS will become a major epidemic has almost doubled. And more and more Americans think that they, themselves, run the risk of catching AIDS.



AIDS (Acquired Immune Deficiency Syndrome) is currently, and will continue to be, one of the most critical health care topics of the late 20th century. At the current time, more than 50,000 Americans have this

disease, and it is estimated that by the year 1991 this figure will have risen to 270,000.

Although the disease has already reached epidemic proportions among the homosexual and I.V. drug using communities, most Americans feel that five years from now AIDS will not be a major epidemic. Concern is rising, however. In the two years between 1985 (the first year AIDS questions were asked) and 1987, the number of people who think AIDS will become a major epidemic has almost doubled, from 14% to 27%.

While only a minority feel that AIDS will be a major epidemic five years from now, the vast majority, almost seven out of ten Americans, think that it will be a growing health problem.

Table 10-1
TREND IN VIEWS ON AIDS

Q: Do you think five years from now that AIDS will be under control, or that it will be a growing problem, or that it will be a major epidemic?

Q: Do you think that *you* run any risk of catching AIDS, or not?

Q: Do you take any special steps or precautions to avoid catching AIDS, or not?

Base	1985 Survey 1256 %	1987 Survey 1250 %	Percentage Point Change From 1985 to 1987
Spread of AIDS in five years			
Will be under control	47	31	-16
Will be a growing problem	32	35	+3
Will be a major epidemic	14	27	+13
Not Sure	7	7	0
Personal risk of catching AIDS			
Yes, run risk	10	16	+6
No	87	82	-5
Not sure	3	2	-1
Take steps to avoid AIDS			
Yes, take steps	41	49	+8
No, do not	57	50	-7
Not sure	2	1	-1

This figure has increased by 16% in the last two years.

Given the rising concern about AIDS as a potential epidemic and a growing health problem, it is not surprising that more and more Americans think that they, themselves, run the risk of catching AIDS. Sixteen percent of adults in America currently believe that they run the risk of catching AIDS, an increase of 6% during the last two years.

With the concern about the personal risk of catching AIDS on the rise, it is not surprising to find that more and more people are taking special steps or precautions to avoid catching AIDS. In 1987, 49% of those questioned indicated that they did so, an increase of 8% since 1985.

Regionally, the increase in the proportion of people who say they are taking special steps or precautions to avoid AIDS is not equally distributed, but rather ranges from a high of 55% in the Southern part of the country to a low of 44% in the East. This major regional difference is primarily due to the fact that the Eastern part of the country has experienced no increase in the proportion of adults taking steps to avoid AIDS over the last two years as compared to the South, which registered a 13% increase.

Not surprisingly, taking precautions against AIDS declines with age and sexual activity. Only 31% of those 65 years of age and older indicated that they took precautions, compared to 61% of those 18 to 29 years of age.

Although the same proportion of men and women are taking precautions against AIDS, there are differences among the major ethnic groups. In 1987, 47% of the Whites indicated that they were taking precautions against catching AIDS, compared to 59% of the Blacks and 57% of the Hispanic respondents. Although fewer Whites are taking precautions than those in minority communities, the rate of increase among Whites is greater than among Blacks and Hispanics. In fact, minority groups show a small decline in the proportion of people taking precautions to avoid getting AIDS between 1985 and 1987, a cause for major concern, given the disproportionate number of minorities who have the disease.

Table 10-2
**PERCENTAGE OF ADULTS WHO TAKE SPECIAL STEPS TO
AVOID CATCHING AIDS, 1985-1987**

	Adults Who Take Special Steps				Percentage Point Change From 1985 to 1987
	1985 Base	%	1987 Base	%	
Total Adults	1256	41	1250	49	+8
Region					
East	313	43	313	44	+1
Midwest	311	37	311	46	+9
South	388	42	386	55	+13
West	244	40	240	49	+9
Urbanism					
Central city	381	44	379	54	+10
Rest of metropolitan area	577	39	572	47	+8
Outside metropolitan area	298	40	299	47	+7
Sex					
Men	616	42	598	50	+8
Women	640	40	652	48	+8
Race					
White	1050	37	1011	47	+10
Black	110	61	95	59	-2
Hispanic	55	58	92	57	-1
Age					
18-29 years	320	52	318	61	+9
30-39 years	335	44	299	53	+9
40-49 years	192	42	175	48	+6
50-64 years	253	34	238	40	+6
65 and over	155	24	211	31	+7
Education					
Not high school graduate	182	37	201	41	+4
High school graduate	448	42	442	49	+7
Some college	317	45	294	55	+10
Four-year college graduate	308	37	309	48	+11
Household Income					
\$7,500 or less	106	45	123	45	0
\$7,501-\$15,000	188	40	147	52	+12
\$15,001-\$25,000	272	45	275	48	+3
\$25,001-\$35,000	264	41	222	54	+13
\$35,000-\$50,000	189	37	206	43	+6
\$50,001 and over	145	37	157	52	+15
Usual Occupation of Head of Household					
Blue-collar labor, service	488	43	498	49	+6
Clerical, sales	221	41	186	49	+8
Professional, manager, or proprietor	449	38	442	50	+12

PROCEDURES FOR COMPUTING THE PREVENTION INDEX

APPENDIX

The Prevention Index is developed from information collected by Louis Harris and Associates, Inc. in two national surveys:

1. Self-reported practice of preventive health and safety behaviors based on a national probability sample of 1,250 adults in the continental United States 18 years of age and older.
2. Ratings on the relative importance of each of these behaviors for preventing disease and disability in the general population (scale of 1 to 10), as determined by a sample of 103 representative experts in disease prevention and health promotion.

Twenty-one of the behaviors measured in the Harris national probability survey of adults were selected for inclusion in the Prevention Index according to the following criteria:

1. A documented relationship between the health behavior and disease or disability as published in the professional literature.
2. Behaviors that are relevant to the entire adult population
3. Behaviors that can be controlled or affected by individuals (therefore, the exclusion of important environmental determinants of health such as exposure to air pollution or industrial toxins).

Currently accepted standards of practice for each behavior were determined by thorough review of the professional literature and consultation with experts. Those standards were used to compute the practice frequencies for each of the Index health behaviors.

For continuous variables (for ex-

ample, moderate alcohol consumption, exercise or frequency of dental examination), practice was determined by the prevailing consensus in the relevant professional literature and from personal consultation with researchers and spokespersons of professional organizations.

For those behaviors with no clear consensus on a minimum compliance level (for example, taking steps to control stress or restricting cholesterol intake), practice was defined in terms of either always engaging in the behavior (taking steps to control stress) or of trying a lot (restricting cholesterol intake). The practice definitions for each health and safety behavior and relevant documentation are presented in the Prevention Index technical report.

The Index is computed on a scale of 0 to 100, with 100 representing 100 percent of the adult population of the continental United States age 18 and over practicing all of the 21 key health behaviors. The Index is calculated by:

1. Multiplying the percentage of the adult population who report engaging in each health behavior by its experts' rating;
2. Adding the 21 products together;
3. Adjusting the resulting total to a scale of 100.

A detailed description of the development and computation of the Prevention Index and related analyses is presented in the technical report, "The Prevention Index: A Report Card on the Nation's Health," available through the Prevention Research Center.

A NOTE ON SURVEY METHOD

The 1987 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 11 to November 25, 1987. The overall completion rate for this survey was 71% of eligible households

reached. The 29% noncompletion rate includes initial refusals, plus terminations during the course of the interview. A full disposition of every telephone number called is shown in the appendix to the complete report.

The 1987, 1986, 1985, 1984 and

1983 surveys followed the same procedures in every detail in order to facilitate comparisons.

Harris national public cross sections are weighted to the Census Bureau's latest population parameters on sex,

race, age, and income. This adjusts these key variables, where necessary, to their actual proportions in the population in order to correct for subgroup variations in telephone penetration and non-response rates.

SUMMARY OF BEHAVIOR ON TWENTY-FOUR FACTORS THAT APPLY TO ADULTS, 1983-1984-1985-1986-1987

	1983 Survey %	1984 Survey %	1985 Survey %	1986 Survey %	1987 Survey %	Percentage Point Change From 1983 to 1987
Nonsmoking and Restricted Use of Alcohol						
Do not smoke cigarettes	70	72	70	72	72	+2
Drink alcohol moderately (Do not drink at all)	54 (34)	57 (30)	55 (33)	56 (32)	50 (36)	-4* (+2)
Exercise and Weight Control						
Get strenuous exercise three or more days a week	33	33	30	33	35	+2
Are within the weight range recommended for their height, build, and sex	23	23	21	23	24	+1
Diet and Nutrition						
Try a lot to get enough vitamins and minerals	63	57	63	63	59	-4*
Try a lot to eat fiber	59	58	59	59	60	+1
Try a lot to avoid eating too much fat	55	59	56	56	54	-1
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	+1
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	-2
Try a lot to get enough calcium	50	45	57	57	54	+4*
Try a lot to avoid eating too much high-cholesterol foods	42	43	42	46	42	0
Control of Stress						
Socialize with friends or relatives once a week or more	84	85	85	81	83	-1
Get seven or eight hours sleep most nights	64	63	64	65	61	-3
Take specific steps to control or reduce stress	59	70	69	64	68	+9*
Periodic Examinations and Tests						
Have a blood pressure reading at least once a year	83	86	86	85	84	+1
Have a dental checkup at least once a year	71	73	74	76	75	+4*
Women who have a Pap smear test every one or two years	75	77	78	80	75	0
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	42	+5*
Safety Precautions						
Say that no one in their home smokes in bed	88	89	91	91	92	+4*
Say they take specific steps to avoid accidents in and around the home	72	81	80	80	81	+9*
Say they have a smoke detector in their home	67	74	76	77	82	+15*
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	50	-6*
Drivers who say they either never drive after drinking or don't drink at all	68	68	72	74	76	+8*
Say they wear seatbelts all the time when in the front seat of a car	19	27	41	55	57	+38*

*Shifts designated with an asterisk are statistically significant of the .05 level. In only 5 polls out of 100 could a shift this large happen by chance.

Additional reports available:

The Prevention Index: A Report Card on the Nation's Health, technical report.

Prevention In America: Steps People Take — or Fail to Take — for Better Health, 1983 survey conducted by Louis Harris & Associates for Prevention Magazine.

Prevention in America: The Experts Rate 65 Steps to Better Health, 1983 survey conducted by Louis Harris & Associates for Prevention Magazine.

Prevention in America 2: Steps People Take — or Fail to Take — For Better Health, 1984 survey conducted by Louis Harris & Associates for Prevention Magazine.

Prevention in America 3: Steps People Take — or Fail to Take — For Better Health, 1985 survey conducted by Louis Harris & Associates for Prevention Magazine.

Prevention in America 4: Steps People Take — or Fail to Take — For Better Health, 1986 survey conducted by Louis Harris & Associates for Prevention Magazine.

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Your Personal Prevention Profile

The Prevention Index takes stock of a nation's health, but you can also score your own prevention profile by taking the test below.

Please carefully check "YES" or "NO" to each of the following questions. YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Do you have a blood pressure reading at least once a year? | ☐ | ☐ |
| 2. Do you go to the dentist at least once a year for treatment or a checkup? | ☐ | ☐ |
| Thinking about your personal diet and nutrition, do you try a lot to . . . | | |
| 3. Avoid eating too much salt or sodium? | ☐ | ☐ |
| 4. Avoid eating too much fat? | ☐ | ☐ |
| 5. Eat enough fiber from whole grains, cereals, fruits, and vegetables? | ☐ | ☐ |
| 6. Avoid eating too many high cholesterol foods, such as eggs, dairy products, and fatty meats? | ☐ | ☐ |
| 7. Get enough vitamins and minerals in foods or in supplements? | ☐ | ☐ |
| 8. Avoid getting too much sugar and sweet food? | ☐ | ☐ |
| 9. Is your body weight within the recommended range for your sex, height, and bone structure? | ☐ | ☐ |
| 10. Do you exercise strenuously (that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least 20 minutes) three days or more a week? | ☐ | ☐ |
| 11. Do you smoke cigarettes now? | ☐ | ☐ |
| 12. Do you consciously take steps to control or reduce stress in your life? .. | ☐ | ☐ |
| 13. Do you usually sleep a total of 7 to 8 hours during each 24-hour day? (if you usually sleep either more or less than this, please mark "no".) | ☐ | ☐ |
| 14. Do you socialize with close friends, relatives or neighbors at least once a week? | ☐ | ☐ |
| 15. In general, when you drink alcoholic beverages, do you consume less than 14 drinks* per week and less than five on any single day? (Mark "yes" only if the answer to both parts of this question is "yes". If you never drink at all, also mark "yes") | ☐ | ☐ |
| 16. Do you wear a seat belt all the time when you are in the front seat of a car? | ☐ | ☐ |
| 17. Do you drive at or below the speed limit all the time? (If you don't drive, please mark "yes".) | ☐ | ☐ |
| 18. Do you ever drive after drinking (If you don't drive or if you don't drink, please mark "no".) | ☐ | ☐ |
| 19. Do you have a smoke detector in your home? | ☐ | ☐ |
| 20. Does anyone in your household smoke in bed? | ☐ | ☐ |
| 21. Do you take any special steps or precautions to avoid accidents in and around your home? | ☐ | ☐ |

By a "drink", we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

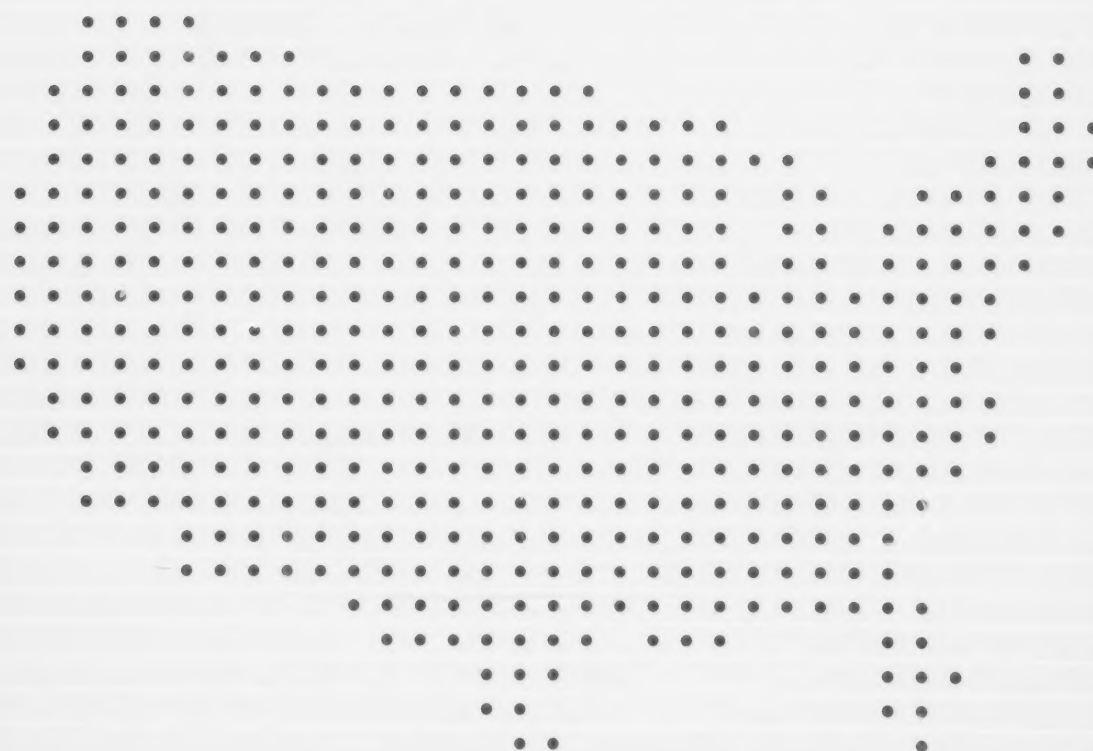
The correct answer for questions 11, 18 and 20 is "no". The correct answer for all the other questions is "yes". Add up your total number of correct responses. Then, divide that number by 21, which tells you the percentage of the 21 Prevention Index behaviors that you practice.

Prevention
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PREVENTION IN AMERICA 6:

Steps People Take—or Fail to Take—
For Better Health

Conducted for **Prevention[®]** Magazine



A Survey by Louis Harris and Associates, Inc.

Study No. 884019

PREVENTION IN AMERICA VI:
STEPS PEOPLE TAKE -- OR FAIL
TO TAKE -- FOR BETTER HEALTH

Conducted for:
Prevention Magazine

Fieldwork:
November 1988

Project Directors:
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INTRODUCTION

This sixth annual nationwide survey of the American public was commissioned by Prevention Magazine, published by Rodale Press, as part of its ongoing project known as the Prevention Index. The Prevention Index is an annual measure of the effort Americans are making to prevent accidents and disease and to promote good health and longevity.

In order to discover which health and safety habits Americans are practicing, Louis Harris and Associate interviewed 1,250 randomly selected adults across the country by telephone, from November 9 through November 23, 1988. The interviews concentrated on important risk factors and habits believed to influence the long-term morbidity and mortality rates of the American people. Twenty-four key factors have been included in each of the six annual surveys.

The findings from the 1988 survey, when compared to the results of the surveys from 1983 through 1987, clearly reveal areas where the nation is progressing and areas where the nation is standing still or falling behind. With each additional year's data, this series of surveys grows in its power to illuminate a preventive health agenda for the nation.

In addition to tracking key trends, the 1988 survey also undertakes three special tasks. First, it examines measures people take to lose weight, by asking questions on specific practices and by comparing responses of those who have tried to lose weight and those who have not. Second, it looks at knowledge and motivation of Americans with respect to prevention. Third, it examines external influences on prevention behavior, such as insurance discounts for health habits and employer assistance in staying healthy. The detailed survey methodology and a copy of the questionnaire are included as an appendix to this report.

Accuracy, Sampling Error, and Other Sources of Error

All surveys are subject to a variety of sources of error, and it is fashionable for the media to include in their reports of surveys such phrases as "This survey has a margin of +/- 3%." Unfortunately, this valiant attempt to educate readers is more likely to mislead them. Even a census is susceptible to several different sources of error, most of which cannot be accurately estimated.

Even the best designed surveys are liable to several possible sources of error. The most important are:

- Non-response (if those who are interviewed differ from those who are not interviewed).
- Random or sampling error, which may in theory be substantial, even on very large surveys. Contrary to the impression given by the typical media caveat there is no way to calculate the maximum possible error for any survey. All we deal in are probabilities.
- Question wording, particularly where the survey is measuring an attitude or a future intention and not a "fact". Several equally good questions may yield different (and equally valid) responses. In addition, question sequence can influence the responses, particularly to attitude questions.

Even in the best survey organizations, human errors can creep in which are virtually impossible to quantify. Such human errors include less than perfect interviewing and inappropriate weighting of the data. Fortunately, nobody believes that polls are infallible, and there is certainly nothing wrong with the media reminding their readers and viewers of our fallibility.

The results of this survey, therefore, like the results of all surveys and all censuses, are susceptible to a variety of sources of error, some of which cannot be quantified. However, the results presented in this report do reflect the most reliable information available.

A Note on Reading the Tables

An asterisk (*) on a table signifies a value of less than one-half percent (0.5%). A dash (-) represents a value of zero. Percentages may not always add up to 100% because of computer rounding, multiple answers from respondents, or the elimination of "no answers."

Public Release of Survey Findings

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report is available.

Project Responsibility and Acknowledgments

The chief analyst of this project was Xiaoyan Zhao, Ph.D., Research Associate. She worked under the supervision of Humphrey Taylor, President, and Louis Genevie, Ph.D., Vice President.

Louis Harris and Associates would like to thank Prevention magazine for commissioning this research. We would in particular like to thank Robert Rodale, editor of Prevention, Sanford Beldon, Prevention's publisher, and Tom Dybdahl, who manages the project for Prevention, for their continued support.

Louis Harris and Associates is responsible for final determination of the topics, question wordings, collection of the actual data, and analysis and interpretation of the report.

EXECUTIVE SUMMARY

Many Americans have made progress in practicing preventive health habits in the 1980's. Of the twenty-four behavior items the Prevention survey series measures, the average adult American practices approximately two thirds. The oldest group of Americans is the most likely, and the youngest group the least likely, to practice more than three quarters of the preventive habits. Signs of improvement and decline in individual habits are reported below.

Nonsmoking, and Restricted Use of Alcohol and Drugs

1. The proportion of adults who say they smoke cigarettes has fallen to 26%. This is the lowest smoking rate ever registered in a Harris survey to measure this trend. By approximately 15 percentage points, the average smoking rate in the 1980's is lower than that of the early 1970's. The rate in 1988 shows a statistically significant decrease since 1983 when the smoking rate was 30%.

2. Eleven percent of adults are heavy drinkers of alcohol, i.e., they drink four or more alcoholic beverages on days when they drink. This rate has changed little since 1983. However, 39% of adults say they never consume alcohol. This is an increase of 5 percentage points from 1983 and an increase of 3 percentage points from 1987. Fifty percent of adults are moderate drinkers, i.e., they do not exceed three drinks on days when they drink.

- The least advantaged educational, income, and occupational groups in American society tend to be either nondrinkers or heavy drinkers of alcohol while the most advantaged social groups have a strong tendency to be moderate drinkers.

3. Five percent of adults admit they use drugs. This is a decrease of 4 percentage points from 1984 when the question was first asked.

- The biggest drop is among young adults; in 1984 two out of ten people under 30 said they used drugs; in 1988 only one out of ten say they use drugs.

Feelings of Stress

4. The experience of stress in American society appears to be on the rise. In 1983, 55% of adults reported feeling under great stress at least once a week. This proportion has risen to 63% in 1988.

- Eighteen percent of adult Americans say they feel under great stress almost everyday, 15% feel it several days a week, and another 30% at least once a week.
- Those with the lowest and highest household income are the most likely to feel under great stress at least several days a week.

5. Those feeling under great stress at least several days a week are more likely to say they take conscious steps to control stress (75%) than those who feel stress less frequently (66%). However, one out of four adults who feels under stress at least several days a week does not take steps to reduce stress.

- Those under stress frequently are less likely to sleep seven or eight hours a day and less likely to socialize at least once a week, compared to those feeling stress less frequently.

Weight Control

6. This year's survey has found the largest proportion ever of overweight American adults (64%). The previous Prevention surveys reported the percentage of overweight Americans to be approximately 60%.

- Thirty-six percent of Americans are at least 10% over the weight range recommended for their height, body build, and sex -- up 6 percentage points from 1983 (30%) and 4 percentage points from 1987 (32%).
- Twenty-one percent of adults are within the proper weight range, a drop of 3 percentage points from 1987, and 2 percentage points from 1983. The proportion within the recommended weight range does not exceed 30% in any of the demographic subgroups.

- Only 15% of adults are underweight in 1988, compared to 19% in 1983.

7. Fully 20% of the adult population are overweight yet do not feel overweight.

8. Whereas 62% of those who feel overweight have tried to lose weight during the month prior to the survey, only 48% of those who are overweight have done so.

9. Majorities of those who have tried to lose weight have resorted to measures of gaining more self-control (77%), cutting down on sugar (75%), and cutting down on red meat (67%).

Diet and Nutrition

10. Progress has been made in avoiding a high-cholesterol diet.
Forty-eight percent of adults say they "try a lot" to avoid eating too many high-cholesterol foods, up six percentage points from 1983 and 1987.

- In addition, 48% of American households bought low-fat or low cholesterol food products during the month prior to the survey, up nine percentage points from 1987 and twelve percentage points from 1986.

11. But a decline in effort has occurred in at least four of the eleven diet and nutrition areas.

- The proportion of adults who say they "try a lot" to get enough vitamins and minerals dropped six percentage points from 63% in 1983 to 57% in 1988.
- The proportion (48%) saying they "try a lot" to avoid eating too much salt and the proportion (47%) saying they "try a lot" to avoid eating too much sugar and sweet food are both lower in 1988 than those in 1983 and 1987.
- Only 28% of adults say they try a lot to eat fish twice a week, compared to 34% in 1985 when the question was first asked.

Exercise

12. The proportion of people who engage in strenuous exercise at least three times a week appears to have changed little in the past six years: 36% in 1988, compared to 34% in 1983, and 35% in 1987. About three out of ten Americans are still weekend athletes, i.e., they exercise strenuously only one day a week or less.

13. However, the proportion of American adults who walk for exercise frequently has increased.

- Over half (52%) say that they walked at least several times a week during the month prior to the survey, compared to 47% in 1987 and 49% in 1986.
- Among those who walk, the proportion usually walking more than a mile and the proportion walking more often than the year before have both increased over the years.

14. Factors which people say would help them become more involved in regular exercise include:

- Doctor's recommendation (85%);
- A need to lose weight (75%);
- Less expensive exercise facilities (56%) and greater availability of exercise facilities (51%);
- A workplace fitness program (55%) and more flexible scheduling of one's work day (53%); and
- Friends' involvement in exercise (49%).

Safety Precautions

15. Sixty percent of adults say they wear seatbelts all the time when they are in the front seat of a car. This reflects a rising trend since the 1983 survey when only 19% reported wearing seatbelts all the time. Compared to the last Prevention survey in 1987, this figure reflects an increase of 3 percentage points.

- Sixty-three percent of adults living in states with seatbelt laws report seatbelt usage all the time, compared to 38% of adults in states without seatbelt laws.
- Thirteen percent of adults in the nation still say they never wear a seatbelt. This rate is 29% in states without seatbelt laws.

16. The level of seatbelt use is particularly important in light of the fact that 49% of drivers do not drive at or below the speed limit "all the time". This is a rise of 6 percentage points from 1983.

17. Sixty percent of adults say they never drive after drinking (another 18% say they do not drink). This 78% represents an increase of 10 percentage points over the level recorded in 1983 and an increase of 4 percentage points over 1987.

18. Eighty-one percent report they have smoke detectors at home, compared to 67% in 1983 and 82% in 1987. While the gaps between social groups in home smoke detector adoption had been considerably narrowed between 1983 and 1986, the gaps existent two years ago have not been reduced. Thirty-seven percent of Hispanics and 32% of those with less than a high school education still do not have smoke detectors in their homes -- the same as two years ago.

19. Ninety percent say that no one in their household smokes in bed, a stable trend since 1983.

Regular Medical Exams

20. The proportion of adults having a blood pressure reading at least once a year (83%), the proportion having a cholesterol test at least once a year (49%), and the proportion visiting a dentist at least once a year (71%) all represent little change since this series of surveys asked the questions.

21. But the proportions of women having regular Pap smear and breast self-exams have increased. Seventy-nine percent of adult women report having a

Pap smear to detect cancer at least every two years, compared to 75% in both 1983 and 1987. The proportion of women doing breast self-exams on a monthly basis has also increased over the years, to 51% in 1988 -- up 14 percentage points from 1983 and 9 percentage points from 1987.

External Influences on Better Health Habits

22. Twenty-seven percent of adults say their family health insurance plan provides a discount for those who do not smoke or who exercise regularly. But 45% say their insurance does not have such a discount and fully 22% do not know if their insurance has this discount. Those having such a discount are more likely to be nonsmokers, to get strenuous exercise frequently, and to maintain desirable bodyweight, than those without the discount.

23. Of all the people currently employed, 24% say their employer provides some assistance to help them stay healthy such as weight control counseling, an exercise program or help to stop smoking. But three out of four report no such assistance. People whose employer provides programs to help them stay healthy are more likely to be nonsmokers, moderate drinkers, and to exercise regularly, than people without such assistance.

Knowledge and Motivation

24. This survey finds that many Americans, particularly those with lower levels of education, income, and occupation, are still not knowledgeable about what to do to stay healthy and are not motivated enough to practice health habits.

- Fifty-one percent of Americans feel that "there are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat".
- Fifty-three percent agree with the statement that "these fads about physical fitness come and go, and I'm not impressed by this current emphasis on it."

- About three out of ten people (28%) express a sense of confusion about what they "should do to stay healthy."
- Approximately half of adults (49%) say they would like to exercise and eat better, but just can not get themselves to do it.

Table S-1

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS
(1983-1988)

	1983	1984	1985	1986	1987	1988	Percent- Point Change From 1983	Percent- Point Change From 1987
	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>to 1988</u>	<u>to 1988</u>
Base:	1254	1253	1256	1250	1250	1250		
	%	%	%	%	%	%		
<u>Nonsmoking and Restricted Use of Alcohol</u>								
Do not smoke cigarettes	70	72	70	72	72	74	+4	+2
Drink alcohol moderately	54	57	55	56	50	50	-4	0
(Drink alcohol moderately or do not drink at all)	88	87	88	88	86	89	+1	+3
<u>Exercise and Weight Control</u>								
Get strenuous exercise three or more days a week	34	33	31	33	35	36	+2	+1
Are within the weight range recommended for their height, build, and sex*	23	23	21	23	24	21	-2	-3
(Are not overweight)	42	41	38	41	40	36	-6	-4
<u>Diet and Nutrition</u>								
Try a lot to get enough vitamins and minerals	63	57	63	63	59	57	-6	-2
Try a lot to eat enough fiber	59	58	59	59	60	60	+1	0
Try a lot to avoid eating too much fat	53	59	56	56	54	54	+1	0
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	48	-5	-6
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	47	-4	-2
Try a lot to get enough calcium	50	45	57	57	54	53	+3	-1
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	42	48	+6	+6

(CONTINUED)

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1047 (1984), 1061 (1985), 1022 (1986), 1008 (1987), 1031 (1988).

Table S-1 (CONTINUED)

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS
(1983-1988)

	1983	1984	1985	1986	1987	1988	Percent- tage Point Change From 1983	Percent- tage Point Change From 1987
	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>to 1988</u>	<u>to 1988</u>
Base:	1254	1253	1256	1250	1250	1250		
	%	%	%	%	%	%		
<u>Control of Stress</u>								
Socialize with friends or relatives once a week or more	84	85	85	81	83	84	0	+1
Get seven or eight hours sleep most nights	64	63	64	65	61	62	-2	+1
Take specific steps to control or reduce stress	59	70	69	64	68	69	+10	+1
<u>Periodic Examinations And Tests</u>								
Have a blood pressure reading at least once a year	82	85	87	84	84	83	+1	-1
Have a dental checkup at least once a year	71	73	74	76	75	71	0	-4
Women who have a Pap smear test every one or two years	75	77	78	80	75	79	+4	+4
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	42	51	+14	+9

(CONTINUED)

Table S-1 (CONTINUED)

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS
(1983-1988)

	1983	1984	1985	1986	1987	1988	Percen- tage Point Change From 1983 to 1988	Percen- tage Point Change From 1987 to 1988
Base:	Survey 1254 %	Survey 1253 %	Survey 1256 %	Survey 1250 %	Survey 1250 %	Survey 1250 %		
<u>Safety Precautions</u>								
Say that no one in their home smokes in bed	88	89	91	91	92	90	+2	-2
Say they take specific steps to avoid accidents in and around the home	72	81	80	80	81	82	+10	+1
Say they have a smoke detector in their home	67	74	76	77	82	81	+14	-1
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	50	51	-5	+1
Drivers who say they either never drive after drinking or don't drink at all	68	68	71	74	74	78	+10	+4
Say they wear seatbelts all the time when in the front seat of a car	19	27	41	55	57	60	+41	+3

CHAPTER 1: TRENDS IN PREVENTIVE HEALTH HABITS

There have been signs of both improvement and decline in individual preventive health habits over the years, but the trend in overall prevention behavior in America has been stable.

Today, 24% of American adults practice more than three quarters of the preventive habits, 79% practice more than half, and 22% practice half or less. The average adult American practices approximately two thirds of all preventive habits. These figures have been stable since 1986 when the composite score of overall prevention behavior was first calculated (Table 1-1).

Demographic groups most likely to practice more than three quarters of all preventive habits include: those living in the Western region of the country, suburban residents, women, blacks, college graduates, people with the highest income, professionals, managers, and proprietors (Table 1-2).

It is worth noting that the oldest group (age 65 and over) is the most likely, and the youngest group (age 18-29) the least likely, to practice more than three quarters of the preventive habits.

Subjective Evaluation of Health and Preventive Habits

One out of four Americans describe his or her health as "excellent", one out of three as "very good", one out of four as "good", 12% as "fair", and 3% as "poor" (Table 1-3).

The practice of preventive health habits appears to be related to health status. Those who practice the most preventive health habits are more likely to be in excellent health than those who practice the fewest (34% vs. 17%).

This relationship between preventive health habits and health status holds true for both younger and older people. For people who are 50 or older,

those who practice the most preventive habits are more likely to report "excellent" health than those who practice the fewest, by a margin of 8 percentage points. This margin increases to 26 percentage points for the group under 50 -- while 45% of those who practice preventive habits the most say they are in "excellent" health, only 19% of those who practice the fewest say the same.

Observation:

Undoubtedly, aging plays a strong role in the health status of older people. Even so, preventive health habits help older people fight off the effects of aging and feel healthier. For younger Americans whose health is less affected by biological factors, the effects of preventive habits on health are even stronger. The importance of prevention in the health of Americans, young and old alike, cannot be overemphasized.

Table 1-1

TRENDS IN THE TWENTY-FOUR PREVENTIVE HABITS
(1986-1988)

Base	1986	1987	1988	Percentage Point Change from 1986 to 1988
	<u>Survey</u> 1250 %	<u>Survey</u> 1250 %	<u>Survey</u> 1250 %	
<u>Preventive Habits</u>				
Those who practice 76% to	23	23	24	+1
Those who practice 51% to 75%	56	57	55	-1
Those who practice 0% to 50%	21	20	22	+1
<u>Average percent practiced</u>	64	64	64	0

*See Table S-1 for the twenty-four items used.

Table 1-2

PERCENT OF PREVENTIVE HABITS PRACTICED BY
VARIOUS DEMOGRAPHIC GROUPS

	Base		Preventive Habits		
			Those Who Practice 50% Or Less	Those Who Practice 51%-75%	Those Who Practice 76% Or More
<u>Total</u>	1250	%	22	55	24
<u>Region</u>					
East	312	%	18	59	24
South	387	%	25	54	21
Midwest	311	%	25	53	22
West	240	%	18	53	29
<u>Urbanism</u>					
Central city	379	%	19	60	21
Rest of metropolitan area	572	%	20	54	26
Outside metropolitan area	299	%	28	50	22
<u>Sex</u>					
Male	598	%	27	56	17
Female	652	%	17	53	29
<u>Race</u>					
White	1059	%	21	55	24
Black	87	%	19	54	27
Hispanic	71	%	32	52	16
<u>Age</u>					
18-29 years	309	%	29	58	13
30-39 years	310	%	18	56	26
40-49 years	202	%	21	52	27
50-64 years	244	%	15	58	27
65 and over	171	%	23	47	30
<u>Education</u>					
Not high school graduate	179	%	30	56	14
High school graduate	438	%	26	52	21
Some college	309	%	18	60	22
Four-year college graduate	322	%	14	51	34
<u>Household Income</u>					
\$7,500 or less	105	%	28	54	18
\$7,501-\$15,000	146	%	25	61	15
\$15,001-\$25,000	227	%	27	50	23
\$25,001-\$35,000	273	%	20	53	27
\$35,001-\$50,000	197	%	18	59	23
\$50,001 and over	186	%	14	56	30
<u>Occupation</u>					
Blue-collar labor, service	319	%	34	52	14
Clerical, sales	185	%	23	57	20
Professional, manager, or proprietor	321	%	15	58	28

Q.1

Table 1-3

SELF-REPORTED HEALTH STATUS
BY PREVENTIVE HABITS

Q.: In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

		Preventive Habits		
		Those Who Practice 50% Or Less	Those Who Practice 51%-75%	Those Who Practice 76% Or More
Base	Total 1250 %	262 %	682 %	306 %
<u>Health Status</u>				
Excellent	25	17	24	34
Very good	34	32	36	31
Good	25	29	25	23
Fair	12	17	12	9
Poor	3	4	3	2

Q.1

Table 1-4

SELF-REPORTED HEALTH STATUS BY PREVENTIVE HABITS
FOR THOSE WHO ARE UNDER 50 AND THOSE WHO ARE 50 AND ABOVE

Q.: In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

	Under 50				50 and Above			
	Those Who Practice		Those Who Practice		Those Who Practice		Those Who Practice	
	50% or Less	51%-75%	76% or More	Total	50% or Less	51%-75%	76% or More	Total
Base	821 %	457 %	175 %	415 %	70 %	219 %	126 %	
Health Status								
Excellent	29	27	45	17	12	17	20	
Very good	36	39	28	30	18	31	35	
Good	25	25	20	26	31	24	27	
Fair	8	8	6	19	26	19	14	
Poor	1	1	1	7	12	7	4	

CHAPTER 2: BODY WEIGHT AND WEIGHT CONTROL PRACTICES

Weight Control Problem

Weight control is an increasing problem for American adults. This year's survey has found the largest proportion ever of overweight American adults. Whereas the previous Prevention/Harris surveys reported the percentage of overweight Americans to be approximately 60%, this figure is up to 64% in the 1988 survey (Table 2-1). Thirty-six percent of Americans are at least 10% over the weight range recommended for their height, body build, and sex -- up 6 percentage points from 1983 (30%) and 4 percentage points from 1987 (32%).

Table 2-1 shows that 21% of adults are within the weight range, a drop of 3 percentage points from 1987, and 2 percentage points from 1983. There has also been a steady decline in the proportion of underweight Americans since this series of surveys started in 1983. Only 15% of adults are underweight in 1988, compared to 19% in 1983.

Among those who are more likely to keep their weight within the recommended range are people in the East and West, suburban residents, people in their 30's and 40's, college graduates, and those who practice more than three quarters of all preventive habits (Table 2-2). However, the proportion within the recommended weight range does not exceed 30% in any of the demographic subgroups, suggesting the pervasiveness of the weight control problem in the country.

Feeling Overweight and Trying to Lose Weight

Weight control becomes more problematic when those who are overweight do not feel overweight. Table 2-3 shows that fully 20% of the adult population falls into this category. (On the other hand, 16% of the population is underweight yet feels that they are about the right weight or even overweight.)

Recognition that one is overweight appears to be an important step toward trying to lose weight. Whereas 62% of those who feel overweight have tried to lose weight during the month prior to the survey, only 48% of those who are overweight have done so (Table 2-4).

On average, 47% of adult Americans say that they have lost at least ten pounds or more while dieting (Table 2-5) and 57% of those who had lost weight were able to keep off all or most of the weight. However, 48% of these people still feel overweight and 63% are still actually overweight (Table 2-6).

Observation:

Losing weight is a demanding task for those who are 10% or more above the desirable range. A recent Weight Watchers International survey revealed that dieters want to lose an average of 29 pounds*. The current survey shows that many people are still overweight even when they have lost at least ten pounds.

Weight Control Practices

A considerable proportion of adults report using various weight control practices during the month prior to the survey (Table 2-7):

- Trying to gain more self-control (60%);
- Cutting down on sugar (58%);
- Cutting down on red meat (49%); and
- Drinking diet soft drinks instead of regular soft drinks (37%).

By at least 19 percentage points, those who have tried to lose weight during the month are more likely to report the above measures than those who have not tried to lose weight. Those who have tried to lose weight during the month prior to the survey also report starting a number of other weight control practices:

*Source: USA Today, 1/11/1989.

- Joining a health club or exercise class (15%);
- Buying a diet book (12%);
- Going to a weight-watching program (8%);
- Fasting for at least 3 days at a time (6%);
- Taking non-prescription diet pills (5%) and prescription diet pills (3%).

On average, slightly more than one out of four people report having cut down on alcohol, or starting strenuous exercise.

Table 2-1

Q.6,7,8

PERCENT OF ADULTS WHO ARE OVERWEIGHT,
WITHIN THE RECOMMENDED WEIGHT RANGE, AND UNDERWEIGHT*

Base: Age 25 and older and classifiable

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have --
small, medium, or large?

	1983 <u>Survey</u> 995 %	1985 <u>Survey</u> 995 %	1987 <u>Survey</u> 1061 %	1988 <u>Survey</u> 1008 %
<u>Base</u>				
<u>Overweight</u>				
<u>Total</u>	<u>58</u>	<u>62</u>	<u>59</u>	<u>64</u>
30% or more above range	6	8	7	8
20-29.9% above range	9	7	8	10
10-19.9% above range	15	14	17	18
5-9.9% above range	13	16	14	15
Up to 4.9% above range	16	16	13	14
<u>Within Recommended Range</u>	<u>23</u>	<u>21</u>	<u>24</u>	<u>21</u>
<u>Underweight</u>				
<u>Total</u>	<u>19</u>	<u>17</u>	<u>16</u>	<u>15</u>
Up to 4.9% below range	9	9	8	8
5-9.9% below range	6	4	5	5
10% or more below range	4	4	3	2

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1061 (1985), 1008 (1987), 1031 (1988).

Q.6,7,8

Table 2-2

PERCENT OF THOSE WHO KEEP THEIR WEIGHT WITHIN
THE RECOMMENDED RANGE

Base: Age 25 and Older and Classifiable

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have --
small, medium, or large?

	<u>Base</u>		<u>Weight Within Recommended Range</u>
<u>Total</u>	1031	%	21
<u>Region</u>			
East	258	%	27
South	315	%	17
Midwest	258	%	16
West	200	%	26
<u>Urbanism</u>			
Central city	307	%	18
Rest of metropolitan area	479	%	25
Outside metropolitan area	245	%	17
<u>Sex</u>			
Male	476	%	20
Female	555	%	22
<u>Race</u>			
White	898	%	22
Black	64	%	16**
Hispanic	47	%	22**
<u>Age</u>			
18-29 years	161	%	22
30-39 years	287	%	27
40-49 years	190	%	24
50-64 years	234	%	15
65 and over	159	%	15
<u>Education</u>			
Not high school graduate	143	%	16
High school graduate	358	%	18
Some college	240	%	20
Four-year college graduate	280	%	28

(CONTINUED)

Table 2-2 (CONTINUED)

PERCENT OF THOSE WHO KEEP THEIR WEIGHT WITH
RECOMMENDED RANGE

Base: Age 25 and older and classifiable

	<u>Base</u>		<u>Weight Within Recommended Range</u>
<u>Total</u>	1031	%	21
<u>Household Income</u>			
\$7,500 or less	67	%	19**
\$7,501-\$15,000	116	%	9
\$15,001-\$25,000	194	%	22
\$25,001-\$35,000	231	%	20
\$35,001-\$50,000	171	%	23
\$50,001 and over	161	%	29
<u>Occupation</u>			
Blue-collar labor, service	249	%	18
Clerical, sales	146	%	29
Professional, manager or proprietor	290	%	25
<u>Self-Described Health Status</u>			
Excellent	257	%	27
Very good or good	611	%	21
Fair or poor	160	%	14
<u>Preventive Habits</u>			
Those who practice 76% to 100%	278	%	29
Those who practice 51% to 75%	556	%	19
Those who practice 0% to 50%	197	%	15

**Caution due to small base.

Q.28

Table 2-3

SELF-PERCEPTION OF BODY WEIGHT
BY BODY WEIGHT INDEX

Q.: Right now, do you feel that you are overweight, underweight, or at about the right weight for you?

	<u>Total</u>	<u>Body Weight Index</u>		
		<u>Over-Weight</u>	<u>Within Range</u>	<u>Under Weight</u>
Base	1250	692	251	230
	%	%	%	%
<u>Self-Perception of Body Weight</u>				
Feel overweight	45	65 (36)	22 (14)	8 (2)
Feel at about the right weight	50	34 (19)	74 (15)	74 (14)
Feel underweight	5	1 (1)	4 (1)	18 (3)

Note: Numbers in parentheses are percentages based on the entire sample.

Q.29

Table 2-4

PERCENT OF ADULTS HAVING TRIED TO LOSE
WEIGHT DURING THE PAST MONTH BY BODY
WEIGHT AND SELF-PERCEPTION OF BODY WEIGHT

Q.: During the past month, have you tried to lose any weight, or not?

	<u>Total</u>	<u>Those Who Are Overweight</u>	
		<u>Those Who Are Overweight</u>	<u>Those Who Feel Overweight</u>
Base:	1250	692	575
	%	%	%
Yes, tried	37	48	62
No, did not try	63	52	38

Q.30a

Table 2-5

PERCENT OF ADULTS HAVING LOST AT LEAST TEN POUNDS
WHILE DIETING BY BODY WEIGHT AND SELF-PERCEPTION OF BODY WEIGHT

Q.: Have you ever lost at least ten pounds or more while dieting?

	<u>Total</u>	Those Who Are <u>Overweight</u>	Those Who Feel <u>Overweight</u>
Base:	1250	692	57
	%	%	%
Yes, have	47	58	67
No, have not	52	42	33

Q.30b

Table 2-6

PERCENT OF ADULTS WHO WERE ABLE TO KEEP
THE WEIGHT OFF AFTER HAVING LOST IT

Q.: Were you able to keep all or most of the weight off permanently?

	<u>Total</u>	Those Who Are <u>Overweight</u>	Those Who Feel <u>Overweight</u>
Base:	605	403	388
	%	%	%
Yes, was able	57	48	43
No, was not able	42	51	56

Note: Of those who were able to keep all or most of the weight off,
48% still feel overweight and 63% are still overweight.

Q.29,31

Table 2-7

PERCENT OF ADULTS WHO WERE ENGAGED IN WEIGHT CONTROL
PRACTICES DURING THE PAST MONTH BY WEIGHT CONTROL
EFFORTS DURING THE PAST MONTH

Q.: During the past month, have you tried to lose any weight, or not?

Q.: Here's a list of things that people have told us that they have done in order to stay healthy. As I read down the list, tell me if you've done any of the these things in the past month, or not?

Base	Total	Those Who Have Tried to Lose Weight	Those Who Have Not Tried to Lose Weight
	1250 %	459 %	787 %
Tried to do things to relieve stress and boredom	71	79	66
Tried to gain more self-control	60	77	51
Cut down on sugar	58	75	47
Cut down on red meat	49	67	38
Drunk diet soft drinks instead of regular soft drinks	37	49	30
Socialized more often	29	35	25
Started to exercise strenuously	29	37	25
Cut down on alcohol	27	37	22
Socialized less often	18	20	17
Joined a health club or exercise class	11	15	9
Bought a diet book	7	12	4
Fasted for at least 3 days at a time	4	6	2
Gone to Weight Watchers, Overeaters Anonymous, or a similar program	4	8	1
Taken non-prescription diet pills	3	5	1
Taken prescription diet pills	2	3	1

CHAPTER 3: EXERCISE AND WEIGHT CONTROL

Trends in Walking and Strenuous Exercise

As the percentage of overweight people increased during the past few years, the proportion of American adults who walk for exercise frequently also increased. Over half (52%) say that they walked at least several times a week during the month prior to the survey, compared to 47% in 1987 and 49% in 1986 (Table 3-1). Among those who walk, the proportion usually walking more than a mile and the proportion walking more often than the year before have both increased over the years (Table 3-2).

On the other hand, the proportion of people who engage in strenuous exercise frequently appears to be relatively stable: 36% in 1988, compared to 34% in 1983, and 35% in 1987 (Table 3-3). About three out of ten Americans are still weekend athletes, i.e., they exercise strenuously only one day a week or less.

Walking and Strenuous Exercise by Adults

The groups most likely to get frequent strenuous exercise include: men, younger people, those who are better educated, those in households with incomes over \$50,000 and those describing their health as excellent. People in the West are also more likely to exercise strenuously than the rest of the nation.

The demographic patterns in the case of strenuous exercise are not necessarily true in the case of walking. People who are 65 and older and people in households with the lowest income are actually the most likely to walk several times a week or more. Women are also slightly more likely than men to walk for exercise several times a week or more.

Relationship between Exercise and Weight Control

As a cross-sectional survey, this study is not designed to answer questions of causality. It is commonly assumed, however, that exercise leads to fitness and desirable bodyweight. This survey finds that people who get strenuous exercise three days a week are less likely to be overweight than those who do not (53% vs. 57%) (Table 3-4). But one might have expected a larger margin of difference than four points.

Being overweight or feeling overweight does not appear to be a motivation to walk more frequently. Similar proportions of people report walking several times a week or more across the three groups who are underweight, overweight, or within the weight range (Table 3-5). Those who are overweight are less likely to get frequent strenuous exercise than those who are within the recommended weight range.

Motivators for Regular Exercise

Factors which would help people become more involved in regular exercise include:

- Doctor's recommendation (85%);
- A need to lose weight (75%);
- Less expensive exercise facilities (56%) and greater availability of exercise facilities (51%);
- A workplace fitness program (55%) and more flexible scheduling of one's work day (53%); and
- Friends' involvement in exercise (49%) (Table 3-6).

Observation:

Although most people say that they would get involved in regular exercise if they need to lose weight, it does not necessarily mean that they will actually do it. About half of those feeling overweight do not walk for exercise frequently, and two out of three do not exercise strenuously on a regular basis. In these cases, external factors such as doctors' recommendations and support and encouragement from workplace and friends will fare better as motivators.

Q.33a, 33b

Table 3-1

FREQUENCY OF WALKING AS EXERCISE

Q.: During the past month, have you done any walking as exercise?

Q.: How often did you walk for exercise in the past month?

	1986	1987	1988
	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>
Base:	1250	1250	1250
	%	%	%
No, have not walked	31	35	32
Yes, have walked	<u>69</u>	<u>65</u>	<u>68</u>
Once in the past month	2	2	1
2 to 3 times in the past month	8	7	5
Weekly	9	10	10
Several times a week	21 49	22 47	25 52
Daily	28	25	27

Q.33c, Q.33d

Table 3-2

CHANGE IN FREQUENCY OF WALKING AND DISTANCE WALKED

Base: Those who walk for exercise

Q.: Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

Q.: When you walk for exercise, do you usually walk more than a mile or less than a mile?

	1986 <u>Survey</u>	1987 <u>Survey</u>	1988 <u>Survey</u>
Base:	857 %	794 %	846 %
<u>Change From Year Before</u>			
More often	29	30	32
About the same	54	53	46
Less often	16	17	20
<u>Usual Distance Walked</u>			
More than a mile	52	55	61
Less than a mile	33	30	27
Exactly one mile	14	14	11

Q.10

Table 3-3

FREQUENCY OF STRENUOUS EXERCISE

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	1983		1985		1987		1988	
	<u>Survey</u>		<u>Survey</u>		<u>Survey</u>		<u>Survey</u>	
Base:	1254		1256		1250		1250	
	%		%		%		%	
Never	24		21		24		19	
Less than 1 day month	6		8		6		6	
1 to 3 days a month	9		13		10		11	
1 day a week	13		16		14		13	
2 days a week	12		11		11		13	
3 days a week	13		13		15		15	
4 to 5 days week	9	34	10	31	11	35	12	36
6 to 7 days a week	12		8		9		9	

Q.10

Table 3-4

BODYWEIGHT INDEX BY STRENUOUS EXERCISE BEHAVIOR

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

		Exercise Strenuously Three Times Per Week Or More	Do Not Exercise Strenuously Three Times Per Week Or More
Base:	<u>Total</u> 1250 %	<u>453</u> %	<u>786</u> %
<u>Bodyweight Index</u>			
Underweight	19	17	20
Within range	19	22	18
Overweight	55	53	57

Q.33b, 10

Table 3-5

DEMOGRAPHIC CHARACTERISTICS OF THOSE WHO HAVE WALKED
SEVERAL TIMES A WEEK AS EXERCISE AND THOSE
WHO EXERCISE STRENUOUSLY THREE OR MORE DAYS PER WEEK

Q.: How often did you walk for exercise in the past month?

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Base		Walked Several Times a Week Or More	Exercise Strenuously Three Times Per Week Or More
<u>Total</u>	1250	%	52	36
<u>Region</u>				
East	312	%	55	34
South	311	%	48	36
Midwest	387	%	50	36
West	240	%	55	40
<u>Urbanism</u>				
Central city	379	%	55	37
Rest of metropolitan area	572	%	49	33
Outside metropolitan area	299	%	50	41
<u>Sex</u>				
Male	598	%	50	42
Female	652	%	53	31
<u>Race</u>				
White	1059	%	50	36
Black	87	%	53	38
Hispanic	71	%	66	39
<u>Age</u>				
18-29 years	309	%	48	41
30-39 years	310	%	53	43
40-49 years	202	%	46	37
50-64 years	244	%	53	30
65 and over	171	%	56	25
<u>Education</u>				
Not high school graduate	179	%	52	32
High school graduate	438	%	51	36
Some college	309	%	53	38
Four-year college graduate	322	%	50	38

(CONTINUED)

Q.33b, 10

Table 3-5 (CONTINUED)

DEMOGRAPHIC CHARACTERISTICS OF THOSE WHO HAVE WALKED
SEVERAL TIMES A WEEK AS EXERCISE AND THOSE
WHO EXERCISE STRENUOUSLY THREE OR MORE DAYS PER WEEK

	<u>Base</u>		<u>Walked Several Time a Week Or More</u>	<u>Exercise Strenuously Three Times Per Week Or More</u>
<u>Total</u>	<u>1250</u>	%	<u>52</u>	<u>36</u>
<u>Household Income</u>				
\$7,500 or less	105	%	61	36
\$7,501-\$15,000	146	%	53	28
\$15,001-\$25,000	227	%	51	37
\$25,001-\$35,000	273	%	50	36
\$35,001-\$50,000	197	%	51	36
\$50,001 and over	186	%	51	46
<u>Occupation</u>				
Blue-collar labor, service	319	%	52	40
Clerical, sales	185	%	51	32
Professional, manager, or proprietor	321	%	45	39
<u>Self-described Health Status</u>				
Excellent	316	%	56	44
Very good or good	745	%	49	35
Fair or poor	186	%	53	29
<u>Body Weight Index</u>				
Underweight	230	%	51	33
Within range	251	%	52	41
Overweight	692	%	51	34
<u>Self-perception of Body Weight</u>				
Feel underweight	59	%	50	32
Feel about right	616	%	53	38
Feel overweight	575	%	50	34

Q.11

Table 3-6

PERCENT WHO SAY VARIOUS FACTORS WOULD HELP
THEM GET MORE INVOLVED IN REGULAR EXERCISE

Base: Those who do not exercise strenuously at least three times a week

Q.: I'm going to read a list of factors some people have told us would increase their chances of becoming involved in regular exercise. For each one I read tell me whether it would help you become more involved, or not.

	Total	Age		Those Feeling Overweight
		Under 50	50 or Older	
Base	786	487	288	
	%	%	%	%
If you needed to lose weight	75	82	64	79
Greater availability of exercise facilities	51	59	40	55
More flexible scheduling of your work day	53	65	34	54
If your doctor recommended it	85	88	80	83
If your friends began doing it	49	57	36	51
Less expensive exercise facilities	56	65	41	61
If a fitness program were begun at work	55	70	32	59

CHAPTER 4: NUTRITION, EXERCISE, AND WEIGHT CONTROL

Diet and Nutrition

Only a small portion of adult Americans are highly conscious of all aspects of diet and nutrition. Seventeen percent of adults report "trying a lot" in eight or more of the eleven key diet and nutrition areas (Table 4-1). About one out of four say they "try a lot" in only two or fewer of these areas.

Majorities do report that they "try a lot" in regard to five diet and nutrition practices. These include: eating vegetables in the cabbage family (60%), eating enough fiber (60%), getting enough vitamins and minerals (57%), avoiding eating too much fat (54%), and getting enough calcium (53%).

Areas of least effort include eating fish twice a week (28%), avoiding caffeine (33%), and avoiding foods containing additives (35%).

Trends over time are fairly stable for most of the diet and nutrition aspects of this series of surveys.

One area of significant gain concerns cholesterol. Forty-eight percent of adults say they "try a lot" to avoid eating too many high-cholesterol foods such as eggs, dairy products, and fatty meat, up six percentage points from 1983 and 1987. In addition, 48% of American households bought low-fat or low cholesterol food products during the month prior to the survey, up nine percentage points from 1987 and twelve percentage points from 1986 when the question was first asked (Table 4-2).

A decline in effort has occurred, however, in four of the eleven nutrition areas measured. The proportion of adults who say they "try a lot" to get enough vitamins and minerals dropped six percentage points from 63% in 1983 to 57% in 1988. The proportion saying they "try a lot" to avoid eating too much

salt and the proportion saying they "try a lot" to avoid eating too much sugar and sweet food are both lower in 1988 than in 1983 and 1987. Another change is that only 28% of adults say they try a lot to eat fish twice a week, compared to 34% in 1985 when the question was first asked.

Observation:

It is difficult to conclude why changes have occurred in the above areas. One can only make inferences based on concurrent events related to these issues. For example, the media coverage of ocean dumping and pollution could have produced a cautious reaction to fish consumption. Increased attention to the danger of high cholesterol in the American diet could have increased the avoidance of cholesterol.

Nutrition and Weight Control

Controlling one's weight is one motivation for eating right. As Table 4-3 shows, those who have tried to lose weight are more likely than those who have not to "try a lot" to follow current guidelines for weight control:

- Avoiding too many high-cholesterol foods (56% vs. 43%);
- Avoiding too much salt or sodium (55% vs. 43%); and
- Avoiding too much fat (60% vs. 51%).

Those who have tried to lose weight are also more likely to "try a lot" to avoid eating too much sugar and sweet food (51% vs. 45%). But one might have expected more than 51% of the weight watchers to "try a lot" to avoid excessive sugar, given how much excessive sugar consumption can contribute to the overweight problem.

Nutrition and Exercise

As discussed in Chapter 3, 36% of adult Americans report getting strenuous exercise regularly (at least three times a week). Are the same people also nutrition-conscious? In other words, are exercise and nutrition habits related or independent of each other?

Only a small proportion (7%) of the population get strenuous exercise regularly and score high on the nutrition index, i.e., to "try a lot" in at least eight of the eleven nutrition areas (Table 4-4). Twenty-seven percent of the population exercise regularly but do not score high on the nutrition dimension. On the other hand, there are also those who score high on nutrition but do not get strenuous exercise regularly -- they make up 9% of the population. Half of the population neither get strenuous exercise regularly nor score high on nutrition.

A closer look at these four categories (Table 4-5) reveals that nutrition and strenuous exercise are practiced by different demographic groups. Women are more likely to be conscious of nutrition whereas men are more conscious of exercise. People under 30 are the least likely to be conscious of nutrition but the most likely to be conscious of exercise. Professionals, managers, and proprietors are more likely than people with other occupations to score high on nutrition, but this pattern is not necessarily true regarding exercise. Those reporting fair or poor health are the least likely to get strenuous exercise regularly, but they tend to pay more attention to diet and nutrition.

Even for those whose bodyweight is within the recommended range, nutrition and exercise are not related behavior. In this group, 10% get regular strenuous exercise and score high on nutritional behavior, 10% score high on nutritional behavior but do not get regular strenuous exercise, and another 30% get regular strenuous exercise but do not score high on nutrition (Table 4-5).

Observation:

More than one out of three Americans practice either good nutrition or regular exercise, but not both. This pattern holds true across various demographic groups as well as for those who maintain desirable bodyweight. The findings of the survey suggest that people compensate for bad habits in one area with good habits in another and that nutrition and exercise are not related behavior for many Americans.

Q.6

Table 4-1

TRENDS IN SOME KEY ASPECTS OF DIET AND NUTRITION

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

Base	Those Who Try A Lot					
	1983	1984	1985	1986	1987	1988
	Survey 1254 %	Survey 1253 %	Survey 1256 %	Survey 1250 %	Survey 1250 %	Survey 1250 %
Get enough vitamins and minerals in foods or in supplements	63	57	63	63	59	57
Eat enough fiber from whole grains, cereals, fruits, and vegetables	59	58	59	59	60	60
Avoid eating too much fat	55	59	56	56	54	54
Avoid eating too much salt or sodium	53	54	54	57	54	48
Avoid eating too much sugar and sweet food	51	52	50	49	49	47
Get enough calcium in food or in supplements	50	45	57	57	54	53
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	42	43	42	46	42	48
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	X	34	37	34	34	33
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings	X	37	33	36	36	35
Eat fish twice a week	X	X	34	31	33	28
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, and cauliflower	X	X	62	65	59	60

X = Not asked.

Note: Seventeen percent of adults "try a lot" in eight or more of the eleven areas; 53% in three to seven areas; and 24% in two or fewer of the areas.

Q.36a, 37a, 38a, 39a

Table 4-2

TRENDS IN TAKING FOOD SUPPLEMENTS, PURCHASING
LOW-CALORIE PRODUCTS, HIGH FIBER PRODUCTS, AND
LOW-FAT AND LOW-CHOLESTEROL PRODUCTS

Q.: During the past month, have you taken any food supplements, such as vitamins or minerals, or not?

Q.: During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially low in calories other than diet soda?

Q.: During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially high in fiber?

Q.: During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially low in fat or low in cholesterol?

	1986 <u>Survey</u> 1250 %	1987 <u>Survey</u> 1250 %	1988 <u>Survey</u> 1250 %
Have taken food supplements during the past month	-	53	49
Have purchased a food product that is low in calories other than diet soda during the past month	NA	NA	38
Have purchased a food product high in fiber during the past month	51	54	57
Have purchased a food product low in fat or cholesterol during the past month	36	39	48

NA = Not applicable. Questions used different wordings in 1986 and 1987.

Q.5, 29

Table 4-3

PERCENT OF THOSE WHO TRY A LOT ON
VARIOUS DIET AND NUTRITION
ASPECTS BY WEIGHT CONTROL BEHAVIOR

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

Q.: During the past month, have you tried to lose any weight, or not?

	<u>Total</u>	<u>Those Who</u> <u>Have Tried</u> <u>To Lose Weight</u>	<u>Those Who</u> <u>Have Not Tried</u> <u>to Lose Weight</u>
Base	1250 %	459 %	787 %
Get enough vitamins and minerals in foods or in supplements	57	61	55
Eat enough fiber from whole grains, cereals, fruits, and vegetables	60	65	58
Avoid eating too much fat	54	60	51
Avoid eating too much salt or sodium	48	55	43
Avoid eating too much sugar and sweet food	47	51	45
Get enough calcium in foods or in supplements	53	56	51
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	48	56	43
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	33	36	31
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavoring	35	40	32
Eat fish twice a week	28	32	26
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, cauliflower	60	61	59

Q.5, Q.10

Table 4-4

NUTRITION INDEX BY EXERCISE BEHAVIOR

Q.: Thinking about your personal diet and nutrition, do you try a lot, a little, or don't you try at all to (READ EACH ITEM)

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Total	Those Who Exercise Strenuously Three Times Or More Per Week	Those Who Do Not Exercise Strenuously Three Times Or More Per Week
Base	1250	453	786
	%	%	%
<u>Nutrition Index*</u>			
High	17	19 (7)**	15 (9)
Medium	53	54 (27)	53 (50)
Low	24	21	26

*Nutrition index is based on the total number of nutrition behavior items in question 5 which respondents say they "try a lot" to do. Those saying "try a lot" on 8, 9, 10 or 11 items are "high" on the index; those saying "try a lot" on 3, 4, 5, 6, or 7 items are "medium"; those saying "try a lot" on 0, 1, or 2 items are "low". Six percent do not have a nutrition index score because they did not answer all eleven items.

**Numbers in parentheses are percentages based on the entire sample.

Table 4-5

NUTRITION/EXERCISE INDEX BY DEMOGRAPHIC CHARACTERISTICS

	Base	%	Nutrition/Exercise Index*			
			High on Both Nutrition and Exercise	High on Nutrition Only	High on Exercise Only	Not High on Nutrition or Exercise
<u>Total</u>	1250	%	7	9	27	50
<u>Sex</u>						
Male	598	%	5	6	34	46
Female	652	%	8	12	21	53
<u>Age</u>						
18-29 years	309	%	4	1	34	51
30-39 years	310	%	8	9	34	45
40-49 years	202	%	9	12	27	47
50-64 years	244	%	8	13	20	55
65 and over	171	%	7	17	16	51
<u>Education</u>						
Not high school graduate	179	%	5	9	23	55
High school graduate	438	%	7	8	26	51
Some college	309	%	7	8	29	50
Four-year college graduate	322	%	7	13	30	45
<u>Occupation</u>						
Blue-collar labor, service	319	%	5	6	31	48
Clerical, sales	185	%	4	7	28	56
Professional, manager, or proprietor	321	%	9	12	29	46
<u>Self-Described Health Status</u>						
Excellent	316	%	9	9	33	45
Very good or good	745	%	6	8	27	52
Fair or poor	186	%	6	14	20	50
<u>Body Weight Index</u>						
Underweight	230	%	4	4	25	59
Within range	251	%	10	10	30	45
Overweight	692	%	7	11	25	50

*Those who score "high" on the nutrition index (see Table 4-4) and exercise strenuously three times a week are "high on both"; those who score "high" on the nutrition index but do not exercise strenuously three times a week are "high on nutrition only"; those who exercise strenuously three times a week but do not score "high" on the nutrition index are "high on exercise only"; and those who do not score "high" on the nutrition index and do not exercise strenuously three times a week are "not high on nutrition or exercise".

CHAPTER 5: REGULAR MEDICAL EXAMS

Blood Pressure Reading

Eighty-three percent of adults say they have a blood pressure reading at least once a year (Table 5-1). This is nearly the same proportion as that of the 1983 Prevention survey, but there is a rise of five points since 1983 for those having the test more than once a year.

Groups who are more at risk of hypertension -- older people and blacks -- are more likely to have their blood pressure taken at least once a year. Eighty-seven percent of women report having an annual blood pressure reading, compared to 78% for men.

There is no distinct pattern in regard to how socio-economic status is linked to blood pressure checkups.

Cholesterol Testing

Forty-nine percent of adults indicate that they have a cholesterol test at least once a year. This is relatively unchanged since 1985 when 48% reported an annual or more frequent test.

Among those who are least likely to have cholesterol testing on an annual basis are rural residents (41%), people under the age of 30 (35%), people in their 30's (40%), blue collar workers (41%), and clerical and sales people (41%).

In the Prevention IV report in 1986, it was suggested that cholesterol testing appeared to be associated more with treatment than with prevention. As in 1986, this survey shows that those describing themselves as in "fair or poor" health, and those aged 65 or over, are much more likely to have

cholesterol testing on an annual basis than those in "excellent", "very good" or "good" health and those of the younger groups. Table 5-3 shows that people who have annual cholesterol testing also have a stronger tendency than people who have less frequent testing to "try a lot" to:

- Avoid eating too many high-cholesterol foods (61% vs. 36%);
- Avoid eating too much fat (63% vs. 47%); and
- Eat enough fiber (69% vs. 52%).

Observation:

While those who have annual cholesterol tests take preventive measures to reduce their cholesterol level, there exists a sizable number of people, young and in good health, who do not have annual cholesterol checkups nor take measures to eat a low cholesterol diet. This is so despite the increased publicity about the danger of too much cholesterol. Unless effective messages reach these people to help them change their behavior, they are unlikely to do anything about their cholesterol level until old age or a serious health condition occurs.

Dental Exams

Seventy-one percent of adults report that they go to a dentist for treatment or a checkup at least once a year. This figure is unchanged compared to that in 1983 when the Prevention survey series began (Table 5-1).

Demographic groups more likely to have a dental checkup include: those under age 50, those with greater education, those with higher income, and those with more prestigious occupations (Table 5-2). People reporting "excellent" health are also more likely to have a dental checkup than those with only "fair or poor" health.

Pap Smear and Breast Self-Exam for Women

In 1988, 79% of adult women report having a Pap smear to detect cancer

at least every two years, compared to 75% in both 1983 and 1987 (Table 5-4). The proportion of women doing breast self-exams on a monthly basis has also increased over the last 5 years, to 51% in 1988 -- up 14 percentage points from 1983 and 9% from a year ago.

Younger women, women with greater education, and women with higher household income are more likely to have regular Pap smear tests than older women, women with less than a high school education and women with lower household income.

Concerning breast self-exams, however, groups more likely to have these exams are women with less than a high school education and women with lower household income. These findings confirm the patterns found in all the Prevention surveys.

Q.2, 3, 4

Table 5-1

TRENDS IN MEDICAL EXAMS AND TESTS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a checkup?

Base	1983 Survey 1254 %	1985 Survey 1250 %	1987 Survey 1250 %	1988 Survey 1250 %
<u>Blood Pressure Screen</u>				
More often than once a year	52 82	59 87	56 84	57 83
Once a year	30	28	28	26
Every two year	6	5	6	6
Every three or four years	2	3	3	1
Every five years or less often	3	3	2	3
Never	5	2	3	5
Not sure	2	1	2	3
<u>Cholesterol Test</u>				
More often than once a year	x	20 48	19 45	21 49
Once a year	x	28	26	28
Every two year	x	7	7	6
Every three or four years	x	4	4	4
Every five years or less often	x	6	5	5
Never	x	29	34	32
Not sure	x	5	4	4
<u>Dental Exam</u>				
More often than once a year	44 71	46 74	50 75	47 71
Once a year	27	28	25	24
Every two year	8	7	6	8
Every three or four years	4	3	4	4
Every five years or less often	11	4	4	4
Never	11	11	10	11
Not sure	3	1	1	2

x = Not asked.

Q.2, 3, 4

Table 5-2

THREE TYPES OF EXAMS OR TESTS
BY DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a checkup?

	<u>Base</u>		<u>Annual Blood Pressure Reading</u>	<u>Annual Cholesterol Test</u>	<u>Annual Dental Checkup</u>
<u>Total</u>	<u>1250</u>	%	<u>83</u>	<u>49</u>	<u>71</u>
<u>Region</u>					
East	312	%	82	51	77
South	387	%	85	52	66
Midwest	311	%	78	40	70
West	240	%	82	48	74
<u>Urbanism</u>					
Central city	379	%	84	49	68
Rest of metropolitan area	572	%	82	51	76
Outside metropolitan area	299	%	80	41	67
<u>Sex</u>					
Male	598	%	78	44	67
Female	652	%	87	52	74
<u>Race</u>					
White	1059	%	83	47	72
Black	87	%	87	53	69
Hispanic	71	%	80	51	69
<u>Age</u>					
18-29 years	309	%	80	35	76
30-39 years	310	%	80	40	83
40-49 years	202	%	79	49	73
50-64 years	244	%	86	60	64
65 and over	171	%	88	67	52
<u>Education</u>					
Not high school graduate	179	%	85	48	44
High school graduate	438	%	82	46	71
Some college	309	%	82	48	74
Four-year college graduate	322	%	82	52	85

(CONTINUED)

LOUIS HARRIS AND ASSOCIATES

Q.2, 3, 4

Table 5-2 (CONTINUED)

THREE TYPES OF EXAMS OR TESTS
BY DEMOGRAPHIC CHARACTERISTICS

	<u>Base</u>		<u>Annual Blood Pressure Reading</u>	<u>Annual Cholesterol Test</u>	<u>Annual Dental Checkup</u>
<u>Total</u>	<u>1250</u>	%	<u>83</u>	<u>49</u>	<u>71</u>
<u>Household Income</u>					
\$7,500 or less	105	%	82	51	52
\$7,501-\$15,00	146	%	85	45	61
\$15,001-\$25,000	227	%	79	47	69
\$25,001-\$35,000	273	%	84	45	75
\$35,001-\$50,000	197	%	84	44	81
\$50,001 and over	186	%	82	56	84
<u>Occupation</u>					
Blue-collar labor, service	319	%	76	41	64
Clerical, sales	185	%	81	41	77
Professional, manager, or proprietor	321	%	82	48	80
<u>Self-Described Health Status</u>					
Excellent	316	%	79	47	79
Very Good or good	745	%	83	46	73
Fair or poor	186	%	83	58	48

Q.2, Q.3

Table 5-3

PERCENT OF THOSE WHO TRY A LOT ON
VARIOUS DIET AND NUTRITION ASPECTS BY
CHOLESTEROL CHECKUP

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

	Those Who Have A Cholesterol Checkup Once a Year or More Often	Those Who Do Not Have a Cholesterol Checkup Once a Year or More Often
Base	594	600
	%	%
<u>Percent Who Try A Lot To:</u>		
Get enough vitamins and minerals in foods or in supplements	62	53
Eat enough fiber from whole grains, cereals, fruits, and vegetables	69	52
Avoid eating too much fat	63	47
Avoid eating too much salt or sodium	56	40
Avoid eating too much sugar and sweet food	53	42
Get enough calcium in foods or in supplements	59	49
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	61	36
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	39	28
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavoring	41	30
Eat fish twice a week	34	23
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, cauliflower	65	55

Q.34, 35

Table 5-4

TRENDS IN TESTS AND SELF-EXAMS FOR WOMEN

Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	1983 <u>Survey</u>		1985 <u>Survey</u>		1987 <u>Survey</u>		1988 <u>Survey</u>	
Base	646		640		634		652	
	%		%		%		%	
<u>Pap Smear</u>								
More often than once a year	18		15		17		15	
Once a year	49		54		51		57	
Every two year	8	75	9	78	7	75	7	79
Every three years	4		3		4		3	
Every four or five years	3		3		3		3	
Every six years or less often	2		3		3		3	
Never	13		12		10		9	
Not applicable (vol.)	1		1		2		1	
Not sure	2		1		2		2	
<u>Breast Self-Exam</u>								
At least once a month	37		48		42		51	
Several times a year	30		30		29		24	
Once a year	9		8		9		7	
Less than once a year	4		3		4		3	
Never	15		9		13		12	
I never do it -- doctor does it (vol.)	2		1		2		1	
Not applicable (vol.)	*		-		1		*	
Not sure	1		1		1		*	

*Less than 0.5%.

Q.34, 35

Table 5-5

WOMEN'S SPECIAL TESTS BY DEMOGRAPHIC CHARACTERISTICS

Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	<u>Base</u>		<u>Pap Smear</u> <u>Every One or</u> <u>Two Years</u>	<u>Monthly</u> <u>Breast</u> <u>Self-Exam</u>
	652	%	79	51
<u>Total Women</u>				
<u>Region</u>				
East	166	%	80	48
South	219	%	76	53
Midwest	145	%	79	52
West	122	%	76	52
<u>Urbanism</u>				
Central city	197	%	79	54
Rest of metropolitan area	305	%	80	48
Outside metropolitan area	150	%	71	55
<u>Race</u>				
White	547	%	77	50
Black	52	%	91**	56**
Hispanic	35	%	76**	53**
<u>Age</u>				
18-29 years	141	%	85	44
30-39 years	164	%	85	52
40-49 years	93	%	82	46
50-64 years	134	%	77	65
65 and over	110	%	58	50
<u>Education</u>				
Not high school graduate	104	%	66	56
High school graduate	233	%	79	51
Some college	159	%	80	53
Four-year college graduate	156	%	85	46
<u>Household Income</u>				
\$7,500 or less	67	%	70	58
\$7,501-\$15,000	93	%	74	50
\$15,001-\$25,000	117	%	80	50
\$25,001-\$35,000	129	%	81	53
\$35,001-\$50,000	90	%	86	53
\$50,0001 and over	79	%	90	41

(CONTINUED)

Q.34, 35

Table 5-5 (CONTINUED)

WOMEN'S SPECIAL TESTS BY DEMOGRAPHIC CHARACTERISTICS

Base: Women only

	<u>Base</u> 652	%	Pap Smear Every One or <u>Two Years</u> 79	Monthly Breast Self-Exam 51
<u>Total Women</u>				
<u>Occupation</u>				
Blue-collar labor, service	98	%	79	49
Clerical, sales	127	%	81	43
Professional, manager, or proprietor	138	%	88	50
<u>Self-Described Health Status</u>				
Excellent	166	%	80	46
Very good or good	378	%	80	51
Fair or poor	106	%	67	58

**Caution due to small base.

CHAPTER 6: CONTROL OF STRESS

Feelings of Stress

Eighteen percent of adult Americans say they feel under great stress almost everyday. An additional 15% feel great stress several days a week, and another 30% at least once a week (Table 6-1). The experience of stress in American society appears to be on the rise. In 1983, 55% of adults reported feeling under great stress at least once a week. This proportion has risen to 63% in 1988.

While 28% of rural residents report feeling under great stress at least several days a week, this figure rises to 36% among urban residents (Table 6-2). Women are somewhat more likely to report frequent stress than men (36% vs. 30%), as are those in their 40's (39%). Those age 65 and over report the least amount of stress (20%).

Education and occupation also appear to be related to one's feeling of stress. Whereas 32% of blue collar workers say they feel under great stress several days a week, 38% of sales and clerical people and 40% of professionals and managers say the same. The proportion of people reporting frequent stress increases as the education level increases with the highest stress levels among college graduates, 38% of whom report great stress at least several days a week.

Those with the lowest and highest household income are the most likely to feel under great stress several days a week.

Steps People Take to Control Stress

Given the frequency of stress in American society, steps to control or

reduce stress are needed. Approximately seven out of ten adults say they consciously take steps to control or reduce stress, six out of ten report getting seven or eight hours of sleep daily, and eight out of ten say they socialize with friends or relatives at least once a week. There are no dramatic changes in these areas over the last few years.

Those feeling under great stress at least several days a week are more likely to say they take conscious steps to control stress (75%) than those who feel stress less frequently (66%). However, one out of four adults who is under great stress frequently does not take steps to reduce it. Furthermore, those under stress frequently are less likely to sleep seven or eight hours a night and less likely to socialize at least once a week, compared to those feeling stress less frequently.

Although college graduates and people with the highest household incomes are more likely to report getting 7-8 hours sleep, there are no other clear patterns among different social groups in either sleep or socializing.

Observation:

Although all groups in society appear to have some basic resources available to them for dealing with stress, not all who are in need of stress reduction employ these resources. With great stress facing an increasing number of Americans, it is important for health and prevention workers to reach highly stressed individuals and segments of society with effective messages on the importance of personal strategies to reduce stress.

Q.15, 16, 17, 14

Table 6-1

TRENDS IN SOME ASPECTS OF STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

Q.: How many hours do you usually sleep each 24-hour day in total?

14. About how often do you socialize with close friends, relatives, or neighbors?

	1983 <u>Survey</u> 1254 %	1985 <u>Survey</u> 1250 %	1987 <u>Survey</u> 1250 %	1988 <u>Survey</u> 1250 %
Base				
<u>Frequency of Stress</u>				
Almost every day	16	14	17	18
Several days a week	12	13	15	15
Once or twice a week	27	33	30	30
Less often than once a week	29	30	27	27
Never	16	10	10	9
Not sure	1	1	1	1
<u>Steps to Control Stress</u>				
Yes, take steps to control	59	69	68	69
No, don't take steps	38	31	30	30
Not sure	3	1	1	1
<u>Sleep</u>				
6 hours or less	25	26	27	28
7-8 hours	64	64	61	62
9 hours or more	10	9	11	11
Not sure	1	*	1	1
<u>Socializing with Others</u>				
Once a week or more	84	85	83	84
Less than once a week	16	15	17	16
Not sure	*	*	1	1

*Less than 0.5%.

Q.15, 16, 17, 14

Table 6-2

WHO TAKES STEPS TO CONTROLS STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

Q.: How many hours do you usually sleep each 24-hour day in total?

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	Base	Feel Under Great Stress Several Days a Week or More	Consciously Take Steps to Control or Reduce Stress	Usually Get Seven or Eight Hours of Sleep	Socialize at Least Once a Week
Total	1250	33	69	62	84
Region					
East	312	36	70	60	82
South	387	34	70	60	83
Midwest	311	31	66	63	85
West	240	30	71	69	84
Urbanism					
Central City	379	36	73	59	84
East of metropolitan area	572	34	67	64	82
Outside metropolitan area	299	28	67	63	85
Sex					
Male	598	30	66	62	80
Female	652	36	71	62	87
Race					
White	1059	34	67	64	85
Black	87	28	82	55	80
Hispanic	71	30	71	56	74
Age					
18-29 years	309	35	63	62	93
30-39 years	310	35	73	79	79
40-49 years	202	39	75	54	75
50-64 year	244	33	76	67	78
65 and over	171	20	60	57	88

(CONTINUED)

Q.15, 16, 17, 14

Table 6-2 (CONTINUED)

WHO TAKES STEPS TO CONTROLS STRESS

	Base 1250	%	Feel Under Great Stress Several Days a Week or More	33	Consciously Take Steps to Control or Reduce Stress	69	Usually Get Seven or Eight Hours of Sleep	62	Socialize at Least Once a Week	84
Total										
Education										
Not high school graduate	179	%	28		64		59		85	
High school graduate	438	%	30		68		60		83	
Some college	309	%	36		69		59		84	
Four-year college graduate	322	%	38		73		70		81	
Household Income										
\$7,500 or less	105	%	35		73		61		87	
\$7,500-\$15,000	146	%	31		66		56		86	
\$15,001-\$25,000	227	%	31		69		55		80	
\$25,001-\$35,000	273	%	34		68		66		86	
\$35,001-\$50,000	197	%	38		69		67		79	
\$50,001 and over	186	%	37		70		70		81	
Occupation										
Blue-collar labor, service	319	%	32		73		61		80	
Clerical, sales	185	%	38		75		68		85	
Professional, manager, or proprietor	321	%	40		64		64		79	
Self-Described Health Status										
Excellent	316	%	35		69		63		83	
Very good or good	745	%	30		69		64		84	
Fair or poor	186	%	41		70		55		83	
Frequency of Great Stress										
Several days a week or more	428	%	100		75		54		81	
Less than several days a week	812	%	0		66		67		85	

CHAPTER 7: NONSMOKING AND RESTRICTED USE OF ALCOHOL AND DRUGS

Smoking and Nonsmoking

Seventy-four percent of adults say they do not smoke cigarettes; 26% say they do. This is the lowest smoking rate ever registered in a Harris survey to measure this trend. As Table 7-1 shows, the average smoking rate in the 1980's is considerably lower than that of the early 1970's, by approximately 13 percentage points. The rate fluctuated slightly during the period of 1983-87 without statistical significance. However, the 1988 survey finds the smoking rate to be 26%, a statistically significant decrease since 1983 when the smoking rate was 30%.

The rates of smoking among men (27%) and women (24%) are still statistically indistinguishable. But the rate of decline in smoking is slightly higher among men than among women in the 1980's, a continuing trend since the 1970's (Table 7-2).

The relationship between self-described health and nonsmoking has been persistent in this series of surveys. Among those who report "excellent" health, 84% are nonsmokers compared to 69% of those who describe their health as "fair or poor" (Table 7-3).

The rate of nonsmokers is highest among: people aged 65 and over, people with college education, and people whose household income is above \$50,000. Those under 30 have the lowest rate of nonsmokers (71%) among all age groups (Table 7-3).

Nonsmoking also appears to be related to other prevention behaviors such as nutrition and exercise. Those who pay a lot of attention to good nutrition (see Chapter 3) are more likely to be non-smokers (83%) than those who have a medium or low score on nutrition (73% and 74% respectively). Those who

get strenuous exercise frequently are also more likely to be nonsmokers than those who do not (78% vs. 72%).

On the other hand, people with desirable body weight tend to smoke more than those who are overweight. Those who feel under great stress frequently tend to smoke more than those who do not.

Alcohol Use

Thirty-nine percent of adults say they never consume alcohol (Table 7-4). This is an increase of 5 percentage points from 1983 and an increase of 3 percentage points from 1987. Fifty percent of adults are moderate drinkers, i.e., they do not exceed three drinks on days when they drink.

The proportion of nondrinkers is largest among: those in the South, small town and rural residents, women, blacks and Hispanics, those aged 65 and over, and those with the lowest education, income, and occupational levels (Table 7-3). These are persistent patterns in all Prevention-Harris surveys.

Most people (62%) describing themselves as in "fair or poor" health do not drink alcohol.

The socio-economic patterns observed in regard to nondrinkers are reversed concerning moderate drinkers. The largest proportion of moderate drinkers is found among people with a college education, those with a household income above \$35,000, and those holding higher level jobs. These are also patterns observed in previous Prevention surveys.

Observation:

The least advantaged educational, income, and occupational groups in American society tend to be either nondrinkers or heavy drinkers of alcohol while the most advantaged social groups have a strong tendency to be moderate drinkers. This unusual demographic pattern suggests that there may exist different standards of social acceptance regarding the use of alcohol among different social strata.

As in the case of cigarette use, people who are overweight are more likely to abstain from alcohol than those who are not overweight. People who are highly conscious of nutrition are also more likely to avoid alcohol. Among drinkers, those who are highly conscious of nutrition are most likely to be moderate drinkers. But exercise behavior has little to do with one's drinking patterns.

Recreational Drugs

Ninety-five percent of adults say they do not use any recreational drugs such as marijuana, speed, and downers (Table 7-4). This represents a 4 percentage point increase from 1984 when the question was first asked.

The increase in drug abstinence is centered around younger adults. As Table 7-5 shows, in 1984 eight out of ten people under 30 said they did not use drugs; in 1988 nine out of ten say they do not use drugs. The proportion of nonusers has also increased by 3 percentage points for those in their 30's.

Nonetheless, drug use is somewhat higher among adults under 30, those living in central cities, among males, and among blacks. There is no distinct pattern of drug use for various education, income, and occupational groups.

Exercise and stress reduction behavior are unrelated to drug abstinence. But people who are highly conscious of nutrition are more likely to abstain from recreational drugs.

Relationship among Practices of Restricting Tobacco, Alcohol, and Drug Use

There appear to be some interrelationships among practices of restricting tobacco, alcohol, and drug use.

As Table 7-6 shows, nonsmokers are more likely than smokers to abstain from alcohol (43% vs. 29%), to drink moderately when they do drink (85% vs.

76%), and to abstain from recreational drugs (96% vs. 90%). Nondrinkers are also more likely than drinkers to abstain from drugs (98% vs. 95%).

Q.12

Table 7-1

TRENDS IN SMOKING AND NONSMOKING

Q.: Do you smoke cigarettes now, or not?

	<u>1974</u>	<u>1975</u>	<u>1978</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>
Base	1407	1556	1347	1252	1252	1256	1250	1250	1250
	%	%	%	%	%	%	%	%	%
Smoke now	43	43	39	30	28	30	27	28	26
Do not smoke	57	57	61	70	72	70	72	72	74

Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

Sources are eight national surveys of adults aged 18 and older conducted by Louis Harris and Associates.

Table 7-2
CONVERGENCE IN SMOKING RATES
FOR MEN VS. WOMEN

	<u>1974</u>	<u>1975</u>	<u>1978</u>	<u>1980</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>
	%	%	%	%	%	%	%	%	%	%
Percent of men smoking cigarettes	47	49	45	44	33	27	31	29	27	27
Percent of women smoking cigarettes	38	37	33	36	28	30	29	26	29	24

Difference*	+9	+12	+12	+8	+5	-3	+2	+3	-2	+3

*The smoking rates of men and women are statistically indistinguishable in the 1984 survey and the surveys thereon.

Q.12, 18, 19, 26

Table 7-3

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL,
TOBACCO, AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS
AND KEY PREVENTION BEHAVIOR ITEMS

Q.: Do you smoke cigarettes now, or not?

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	Base	%	Do Not Smoke Cigarettes	Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Recre- ational Drugs
Total	1250		74	39		95
<u>Region</u>						
East	312	%	72	32	82	94
South	387	%	73	50	81	97
Midwest	311	%	74	33	79	95
West	240	%	78	37	90	93
<u>Urbanism</u>						
Central City	379	%	76	35	82	93
Rest of metropolitan area	572	%	72	37	83	95
Outside metropolitan area	299	%	75	48	82	97
<u>Sex</u>						
Male	598	%	72	32	74	91
Female	652	%	76	45	92	98
<u>Race</u>						
White	1059	%	74	36	82	96
Black	87	%	73	50	90	87
Hispanic	71	%	79	52	82	95
<u>Age</u>						
18-29 years	309	%	71	31	68	89
30-39 years	310	%	74	28	85	92
40-49 years	202	%	72	36	91	98
50-64 years	244	%	72	48	91	98
65 and over	171	%	83	59	93	99

(CONTINUED)

LOUIS HARRIS AND ASSOCIATES

Q.12, 18, 19, 26

Table 7-3 (CONTINUED)

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL,
TOBACCO, AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS
AND KEY PREVENTION BEHAVIOR ITEMS

	Base		Do Not Smoke Cigarettes	Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Recre- ational Drugs
Total	1250	%	74	39	83	95
<u>Education</u>						
Not high school graduate	179	%	69	64	75	95
High school graduate	438	%	68	45	77	94
Some College	309	%	77	33	82	93
Four-year college graduate	322	%	84	21	91	98
<u>Household Income</u>						
\$7,500 or less	105	%	69	54	78	92
\$7,501-\$15,000	146	%	71	54	70	95
\$15,001-\$25,000	227	%	75	43	81	92
\$25,001-\$35,000	273	%	72	31	79	96
\$35,001-\$50,000	197	%	69	25	84	94
\$50,001 and over	186	%	82	24	93	97
<u>Occupation</u>						
Blue-collar labor, service	319	%	68	38	67	92
Clerical, sales	185	%	73	30	88	95
Professional, manager, or proprietor	321	%	79	29	88	96
<u>Self-Described Health Status</u>						
Excellent	316	%	84	31	86	96
Very good or good	745	%	72	36	80	94
Fair or poor	186	%	69	62	88	96

(CONTINUED)

Q.12, 18, 19, 26

Table 7-3 (CONTINUED)

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL,
TOBACCO, AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS
AND KEY PREVENTION BEHAVIOR ITEMS

	<u>Base</u>		<u>Do Not</u>	<u>Do Not</u>	<u>Drinkers</u>	<u>Never Use</u>
	1250	%	<u>Cigarettes</u>	<u>Drink</u>	<u>Who Drink</u>	<u>Any Recre-</u>
			74	39	<u>Moderately*</u>	<u>ational</u>
<u>Total</u>					83	95
<u>Body Weight Index</u>						
Underweight	230	%	70	34	84	92
Within range	251	%	69	35	85	95
Overweight	692	%	77	43	82	96
<u>Nutrition Index</u>						
High	201	%	83	45	93	98
Medium	673	%	73	40	87	95
Low	299	%	74	36	75	92
<u>Exercise</u>						
Exercise strenuously three times a week or more	453	%	78	37	83	94
Do not exercise three times a week or more	786	%	72	39	83	95
<u>Stress Control</u>						
Take steps to control stress	864	%	74	40	85	95
Do not take steps	370	%	74	36	78	95
<u>Feeling of Stress</u>						
Feel stress at least several days a week	428	%	71	39	80	94
Feel stress less often	812	%	76	38	84	95

*Based on the 68% of all adults who sometimes drink; this proportion is not necessarily constant across subgroups. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

Q.18, 19, 26

Table 7-4

TRENDS IN USE OF ALCOHOL AND DRUGS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

Base	1983		1985		1987		1988	
	Survey	1254	Survey	1256	Survey	1250	Survey	1250
		%		%		%		%
<u>Frequency of Alcohol Consumption</u>								
Never		34		33		36		39
Less than 1 day a month		16		15		13		17
1 to 3 days a month		16		20		19		18
1 to 2 days a week	65	19	66	19	64	21	61	14
3 to 4 days a week		7		6		5		5
5 to 6 days a week		2		2		1		2
Daily/7 days a week		6		4		5		5
Not sure		*		*		*		*
<u>Quantity of Alcohol Consumption</u>								
1 drink		21		22		21		21
2 drink	54	22	55	23	50	20	50	21
3 drink		10		10		9		8
4 drink		5		4		6		4
5 or more drinks		6		7		8		7
Not sure		1		*		*		*
<u>Recreational Drugs</u>								
Frequently		x		2		*		1
Sometimes		x		7		1		1
Only occasionally**		x		x		4		3
Never		x		91		94		95
Not sure		x		*		-		*

x = Not asked.

*Less than 0.5%.

**The "only occasionally" category was added in 1987 and 1988.

Q.26

Table 7-5

PERCENT OF THOSE WHO NEVER USE
RECREATIONAL DRUGS BY AGE, 1984, 1987, 1988

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	Percent Who Never Use Drugs					
	1984		1987		1988	
	<u>Survey*</u>		<u>Survey</u>		<u>Survey</u>	
<u>Total</u>	<u>Base</u>	<u>%</u>	<u>Base</u>	<u>%</u>	<u>Base</u>	<u>%</u>
	1253	91	1250	94	1250	95
<u>Age</u>						
18-29 years	363	79	318	89	309	89
30-39 years	283	89	299	90	310	92
40-49 years	175	95	175	97	202	98
50-64 years	238	100	238	100	244	98
65 and over	190	99	211	100	171	99

*Question was not asked in the 1983 survey.

Q.12, 18, 19, 26

Table 7-6

RELATIONSHIP AMONG PRACTICES OF RESTRICTING
ALCOHOL, TOBACCO, AND DRUG USE

Q.: Do you smoke cigarettes now, or not?

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	<u>Total</u>	<u>Do Not Smoke Cigarettes</u>	<u>Smoke Cigarettes</u>	<u>Do Not Drink Alcohol</u>	<u>Drink Alcohol</u>
Base:	1250	925	322	462	786
	%	%	%	%	%
Do not smoke cigarettes	74	100	0	81	70
Do not drink alcohol	39	43	29	100	0
Drinker who drink alcohol moderately*	83	85	76	NA	83
Never use any recreational drugs	95	96	90	98	95

*Based on the 685 of all adults who sometimes drink. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

NA = not applicable.

CHAPTER 8: SAFETY PRECAUTIONS

Auto Safety

Sixty percent of adults say they wear seatbelts all the time when they are in the front seat of a car. This reflects a rising trend since the 1983 survey when only 19% reported wearing seatbelts all the time. Compared to the last Prevention survey in 1987, this figure represents an increase of 3 percentage points (Table 8-1).

As discussed in the 1986 Prevention report, laws requiring seatbelt use dramatically improved the rate of seatbelt use in states with such laws. There were dramatic surges in seatbelt usage during the year when such laws took effect in various states. The 1986 survey found that between 60 and 65% of the people living in states with seatbelt laws always wore seatbelts. This rate has been stable -- in 1988 63% of adults living in states with seatbelt laws report seatbelt usage all the time.

The effect of seatbelt laws is still evident in 1988. By a margin of 25 percentage points, people living in states with seatbelt laws are more likely to use seatbelts all the time than those living in states without such laws (Figure 8-1). Only 38% of adults in states without seatbelt laws reported wearing seatbelts all the time -- the same as two years ago.

Twenty-nine percent of adults in states without seatbelt laws still say they never wear a seatbelt. This rate is 13% in the nation.

Observation:

By November 1988, there were still 17 states which did not have seatbelt laws in effect. Two of the 17 states had repealed such laws enacted earlier in the decade. If the national momentum of seatbelt law enforcement were to slow down or to be overturned, the improvement of behavior

observed in the last five years would probably cease to continue and may even decline.

The level of seatbelt use is particularly important in light of the fact that 49% of drivers do not drive at or below the speed limit "all the time". This is an increase of 6 percentage points from 1983.

Sixty percent of adults say they never drive after drinking (another 18% say they never drink). This 78% represents an increase of 10 percentage points over the level recorded in 1983 and an increase of 4 percentage points over 1987. It is hoped that this upward trend will continue as ideas such as the "designated driver" are promoted and adopted by a greater number of Americans.

Over the years of the Prevention survey, there appear to be persistent demographic patterns in seatbelt use. The rate is highest among Westerners, and those with higher education and income levels (Table 8-2). The groups who are most likely to say they never exceed the speed limit include people in their 50's or older, those with less education and those in blue collar or service occupations. Concerning driving after drinking, however, those with higher education and income levels are most likely to have practiced this unsafe behavior.

Safety in the Home

Efforts to ensure safety at home have improved since the start of the Prevention survey in 1983. But in some areas this improvement appears to have reached a plateau for the past few years. Eighty-two percent of adults say they take steps to avoid home accidents (Table 8-3). Although an increase of ten percentage points over the proportion in 1983, it is virtually unchanged since 1985. Eighty-one percent report they have smoke detectors at home, compared to 67% in 1983 and 82% in 1987. Ninety percent say that no one in their household smokes in bed, compared to 88% in 1983 and 92% in 1987.

As in previous surveys, there are no distinct demographic patterns in trying to avoid home accidents. But home smoke detectors provide an example of socio-economic status playing a visible role. Those with greater education, higher income, and higher leveled occupations are more likely to have installed smoke detectors in their homes (Table 8-4). While the gaps between social groups in this adoption had been narrowed considerably between 1983 and 1986, the gaps existent two years ago have not been reduced (Table 8-5). Thirty-seven percent of Hispanics and 32% of those with less than a high school education still do not have smoke detectors in their homes -- the same as two years ago.

Relationship Among Safety Practices

Aside from the effect of socio-economic status on one's safety behavior and practices, there seems to be a latent dimension of safety consciousness which also influences these practices. Table 8-6 shows that most of these practices are related to one another. For example, those who wear a seatbelt all the time are more likely than those who do not to have a smoke detector at home, to obey the speed limit when driving, and to avoid driving after drinking. Those who drive after drinking are less likely to have a home smoke detector, less likely to wear a seatbelt, and less likely to obey the speed limit.

Q.20, 22, 23

Table 8-1

TRENDS IN SOME ASPECTS OF AUTO SAFETY

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, never?

	1983 <u>Survey</u> 1251 %	1985 <u>Survey</u> 1256 %	1987 <u>Survey</u> 1250 %	1988 <u>Survey</u> 1250 %
Base				
<u>Wearing Seatbelts</u>				
All the time	19	41	57	60
Sometimes	26	31	27	26
Never	53	28	15	13
Not applicable (vol.)	1	*	*	1
Not sure	*	*	*	-

Base: Drivers only

	1983 <u>Survey</u> 1097 %	1985 <u>Survey</u> 1102 %	1987 <u>Survey</u> 1115 %	1988 <u>Survey</u> 1117 %
Base				
<u>Driving at or Below Speed Limit</u>				
All the time	56	50	50	51
Sometimes	38	45	45	44
Never	5	5	4	5
Not sure	*	*	-	-
<u>Driving After Drinking</u>				
All the time	5	3	2	3
Sometimes	25	25	23	19
Never	52	59	49	60
Don't drink (vol.)	16	12	25	18
Not sure	2	1	*	*

*Less than 0.5%.

Q.20, 22, 23

Table 8-2

PERCENT OF THOSE TAKING AUTO SAFETY PRECAUTIONS
BY DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, never?

	Base		Wear Seat Belt All the Time in Auto	Never Exceed Speed Limit*	Never Drive After Drinking or Never Drink**
Total	1250	%	60	51	78
<u>Region</u>					
East	312	%	54	47	75
South	387	%	59	54	84
Midwest	311	%	59	53	73
West	240	%	69	46	78
<u>Urbanism</u>					
Central City	379	%	60	50	74
Rest of metropolitan area	572	%	64	50	76
Outside metropolitan area	299	%	51	52	84
<u>Sex</u>					
Male	598	%	56	46	70
Female	652	%	63	55	86
<u>Race</u>					
White	1059	%	62	51	77
Black	87	%	53	51	78
Hispanic	71	%	52	49	85
<u>Age</u>					
18-29 years	309	%	55	35	75
30-39 years	310	%	64	45	69
40-49 years	202	%	60	50	76
50-64 years	244	%	57	61	88
65 and over	171	%	65	74	88

(CONTINUED)

Q.20, 22, 23

Table 8-2 (CONTINUED)

TAKING PERCENT OF THOSE AUTO SAFETY PRECAUTIONS
BY DEMOGRAPHIC CHARACTERISTICS

	Base		Wear Seat Belt All the Time in Auto	Never Exceed Speed Limit*	Never Drive After Drinking or Never Drink**
Total	1250	%	60	51	78
<u>Education</u>					
Not high school graduate	179	%	47	65	89
High school graduate	438	%	55	56	78
Some college	309	%	62	45	77
Four-year college graduate	322	%	72	41	71
<u>Household Income</u>					
\$7,500 or less	105	%	55	49	86
\$7,501-\$15,000	146	%	57	67	86
\$15,001-\$25,000	227	%	53	48	80
\$25,001-\$35,000	273	%	57	45	75
\$35,001-\$50,000	197	%	60	43	77
\$50,001 and over	186	%	77	43	68
<u>Occupation</u>					
Blue-collar labor, service	319	%	51	47	73
Clerical, sales	185	%	58	43	74
Professional, manager, or proprietor	321	%	66	38	72

*Drivers who drive at or below the speed limit all the time.

**Drivers who never drive after drinking, or never drink.

Q.25, 24, 13

Table 8-3

TRENDS IN SOME ASPECTS OF SAFETY AT HOME

Q.: Do you take any special steps or precautions to avoid accidents in and around your home?

Q.: Do you have a smoke detector in your home, or not?

Q.: Does anyone in your household ever smoke in bed, or not?

Base	1983	1985	1987	1988
	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>	<u>Survey</u>
	1251	1256	1250	1250
	%	%	%	%
<u>Precautions at Home</u>				
Yes, take steps	72	80	81	82
No, don't take steps	26	19	18	17
Not sure	1	*	1	1
<u>Smoke Detector</u>				
Have a smoke detector	67	76	82	81
Do not have	32	24	18	19
Not sure	*	*	*	*
<u>Smoking in Bed</u>				
Yes, someone smokes in bed	11	9	8	10
No, no one ever smokes in bed	85 88	89 91	88 92	85 90
No one in household smokes (vol.)	3	2	4	5
Not sure	*	*	*	*

*Less than 0.5%.

Q.25, 24

Table 8-4

PERCENT OF THOSE TAKING SAFETY PRECAUTIONS AT HOME
BY DEMOGRAPHIC CHARACTERISTICS

Q.: Do you take any special steps or precautions to avoid accidents in and around you home?

Q.: Do you have a smoke detector in your home, or not?

	<u>Base</u>		<u>Take Steps to Avoid Home Accidents</u>	<u>Have Smoke Detector in Home</u>
<u>Total</u>	<u>1250</u>	%	<u>82</u>	<u>81</u>
<u>Region</u>				
East	312	%	80	87
South	387	%	82	74
Midwest	311	%	81	86
West	240	%	84	78
<u>Urbanism</u>				
Central city	379	%	82	80
Rest of metropolitan area	572	%	81	85
Outside metropolitan area	299	%	83	73
<u>Sex</u>				
Male	598	%	79	82
Female	652	%	84	80
<u>Race</u>				
White	1059	%	80	84
Black	87	%	88	72
Hispanic	71	%	87	63
<u>Age</u>				
18-29 years	309	%	73	78
30-39 years	310	%	87	87
40-49 years	202	%	82	85
50-64 years	244	%	87	78
65 and over	171	%	83	76

(CONTINUED)

Q.25, 24

Table 8-4 (CONTINUED)

PERCENT OF THOSE TAKING SAFETY PRECAUTIONS AT HOME
BY DEMOGRAPHIC CHARACTERISTICS

	<u>Base</u> 1250	%	Take Steps to Avoid Home <u>Accidents</u>	Have Smoke Detector <u>in Home</u>
<u>Total</u>			82	81
<u>Education</u>				
Not high school graduate	179	%	90	68
High school graduate	438	%	84	80
Some College	301	%	79	84
Four-year college graduate	322	%	75	88
<u>Household Income</u>				
\$7,500 or less	105	%	82	74
\$7,501-\$15,000	146	%	87	72
\$15,001-\$25,000	227	%	82	81
\$25,001-\$35,000	273	%	84	85
\$35,001-\$50,000	197	%	78	87
\$50,000 and over	186	%	77	84
<u>Occupation</u>				
Blue-collar labor, service	319	%	81	76
Clerical, sales	185	%	77	80
Professional, manager, or proprietor	321	%	78	89

Table 8-5

CHANGE IN USE OF SMOKE DETECTORS FROM 1983 TO 1988

	Have Smoke Detector in Home					
	1983 Survey		1986 Survey		1988 Survey	
	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap
<u>Total Adults</u>	67%		77%		81%	
<u>Urbanism</u>						
Central city	67	}	77	}	80	}
Rest of metropolitan area	68		79		85	
Outside metropolitan area	65		72		73	
						12
<u>Race</u>						
White	70	}	79	}	84	}
Black	48		73		72	
Hispanic	59		62		63	
						21
<u>Age</u>						
18-29 years	70	}	77	}	78	}
30-39 years	72		81		87	
40-49 years	67		78		85	
50-64 years	64		76		78	
65 and over	60		70		76	
						11
<u>Education</u>						
Not high school graduate	52	}	64	}	68	}
High school graduate	67		74		80	
Some college	75		82		84	
Four-year college graduate	71		84		88	
						20
<u>Household Income</u>						
\$7,500 or less	52	}	68	}	74	}
\$7,501-\$15,000	58		68		72	
\$15,001-\$25,000	71		75		81	
\$25,001-\$35,000	77		84		85	
\$35,001-\$50,000	80		84		87	
\$50,001 and over	76		86		84	
						15

Q.24, 20, 22, 23

Table 8-6

RELATIONSHIP AMONG SAFETY/PRECAUTION ITEMS

Q.: Do you have a smoke detector in your home, or not?

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

	Percent of Those Who						
				Drivers			
		Wear Seatbelt All the Time in Auto	Do Not Wear Seatbelt All the Time in Auto	Never Exceed Speed Limit	Exceed Speed Limit	Never Drive After Drinking or Never Drink	Drive After Drinking
	Total 1250 %	752 %	489 %	568 %	558 %	872 %	255 %
Have a smoke detector at home	81	84	77	81	81	83	76
Wear a seatbelt all the time in auto	60	100	0	64	56	61	55
Never exceed speed limit (drivers)	51	54	46	100	0	55	37
Never drive after drinking or never drink (drivers)	78	80	76	84	72	100	0

Table 8-7

SEATBELT LAWS IN 48 STATES AND DISTRICT OF COLUMBIA*

Seatbelt
Law by
Nov. 1988

California
Colorado
Connecticut
Florida
Georgia
Idaho
Illinois
Indiana
Iowa
Louisiana
Kansas
Maryland
Michigan
Minnesota
Missouri
Montana
Nevada
New Jersey
New Mexico
New York
North Carolina
Ohio
Oklahoma
Oregon
Pennsylvania
Tennessee
Texas
Utah
Virginia
Washington
Washington, D.C.
Wisconsin

No Seatbelt
Law in Effect
by Nov. 1988

Alabama
Arizona
Arkansas
Delaware
Kentucky
Maine
Massachusetts**
Mississippi
Nebraska**
New Hampshire
North Dakota
Rhode Island
South Carolina
South Dakota
Vermont
West Virginia
Wyoming

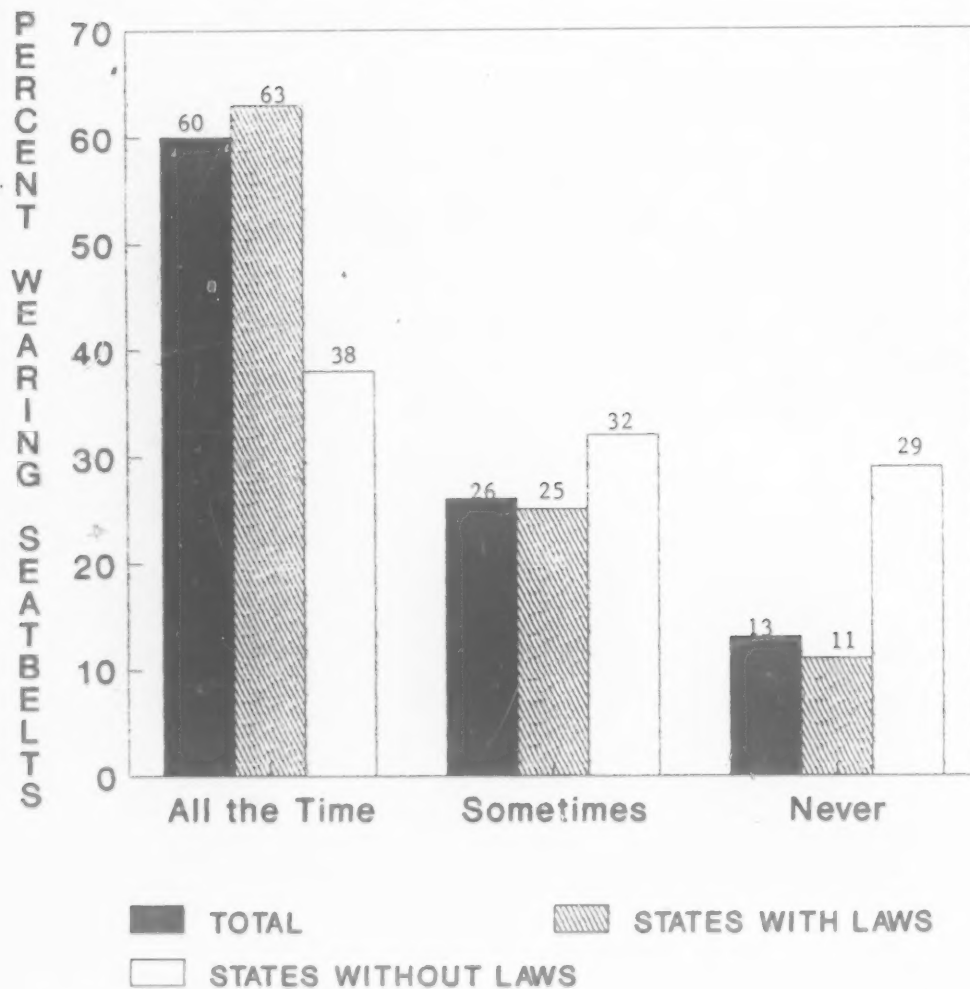
LAW SOURCE: National Safety Council, 444 North Michigan Avenue, Chicago, Illinois 60611.

*Alaska and Hawaii not included in the Prevention Index survey.

**Nebraska's seat belt law, which went into effect on Sept. 6, 1985, was repealed by voter referendum in the Nov. 4, 1986 election. The Massachusetts seat belt law, which went into effect on Jan. 1, 1986, also was repealed by voter referendum in the Nov. 4, 1986 election.

0.20

FIGURE 8.1
SEATBELT USE



Q: How often do you wear a seatbelt
when you are in the front seat of a
car?

CHAPTER 9: EXTERNAL INFLUENCES ON BETTER HEALTH HABITS

Insurance Discount for Nonsmoking or Regular Exercise

Twenty-seven percent of adults say their family health insurance plan provides a discount for those who do not smoke or who exercise regularly (Table 9-1-A). Forty-five percent say their insurance does not have such a discount and fully 22% do not know if their insurance has this discount.

The insurance discount for better health habits appears to have an effect on some health related behavior. As Table 9-2 shows, those having such a discount are more likely to be nonsmokers, to get strenuous exercise frequently, and to maintain desirable bodyweight, than those without the discount. The effect of this discount on diet and nutrition is less evident.

Employer Assistance in Staying Healthy

Of those currently employed, 74% say that their employer provides some assistance to help them stay healthy such as weight control counseling, an exercise program or help to stop smoking. But three out of four report no such assistance (Table 9-1-B).

Although fewer than four out of ten people with employer assistance report participating in the programs, the mere awareness of employer encouragement for better health may be a sufficient incentive for practicing healthy habits. People whose employer provides programs to help them stay healthy are more likely to be nonsmokers, moderate drinkers, and to exercise regularly, than people without such assistance (Table 9-2). People who receive employer assistance show better eating habits in three out of the seven diet and nutrition areas.

Knowledge and Motivation

Previous Prevention/Harris surveys show that media messages on prevention have reached a significant fraction of all social groups. But this survey also finds that many Americans are still not knowledgeable about what to do to stay healthy and are not motivated enough to practice health habits.

Fifty-one percent of Americans agree that "there are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat" (Table 9-3). Furthermore, 53% agree with the statement that "these fads about physical fitness come and go, and I'm not impressed by this current emphasis on it." About three out of ten people (28%) express a sense of confusion about what they "should do to stay healthy." People with lower levels of education, income and occupation are more likely to express feelings of indifference and confusion (Table 9-4).

Approximately half of adults (49%) say they would like to exercise and eat better, but just can not get themselves to do it (Table 9-3). Again, people with lower socio-economic status are more likely to say they would like to exercise and eat better, but just can not get themselves to do it (Table 9-4).

Observation:

Although institutionalized efforts of prevention such as insurance incentives and workplace programs have yet to become pervasive, they already prove to be effective in encouraging better health practices. They may also serve as a "push" for those who would like to practice health habits but lack initiative. A joint effort involving health and prevention workers, the mass media, the insurance industry, and employers, is needed to further encourage and reinforce prevention behavior in America.

Q.27

Table 9-1-A

HEALTH INSURANCE DISCOUNTS FOR NONSMOKING AND REGULAR EXERCISE

Q.: Does your current family health insurance plan provide a discount for those who do not smoke or who exercise regularly?

Base:	1250
	%
Yes	27
No	45
Not sure	22

Q.F3

Table 9-1-B

EMPLOYER ASSISTANCE IN STAYING HEALTHY

Base: Those who are currently employed

Q.: Does your current employer provide any assistance to help you stay healthy such as weight control counseling, an exercise program or help to stop smoking?

Base:	857
	%
Yes	24
No	75
Not sure	1

Q.27, F3

Table 9-2

EFFECTS OF INSURANCE DISCOUNTS AND EMPLOYER ASSISTANCE ON
PREVENTION BEHAVIOR

Q.: Does your current family health insurance plan provide a discount for those who do not smoke or who exercise regularly?

Q.: (Base: Those who are currently employed) Does your current employer provide any assistance to help you stay healthy such as weight control counseling, an exercise program or help to stop smoking?

	Insurance Provides Discount	Insurance Does Not Provide Discount/ No Insurance	Employer Provides Assistance	Employer Does Not Provide Assistance
Base:	342 %	640 %	213 %	643 %
<u>Nonsmoking and Restricted Use of Alcohol</u>				
Do not smoke cigarettes	78	69	80	71
Drink alcohol moderately	81	82	87	77
<u>Exercise and Weight Control</u>				
Get strenuous exercise three or more days a week	42	34	42	36
Are within the weight range recommended for their height, build, and sex	27	17	24	23
<u>Diet and Nutrition</u>				
Try a lot to get enough vitamins and minerals	59	56	57	54
Try a lot to eat enough fiber	61	59	55	54
Try a lot to avoid eating too much fat	52	56	52	50
Try a lot to avoid eating too much salt or sodium	47	48	49	45
Try a lot to avoid eating too much sugar and sweet food	50	46	51	45
Try a lot to get enough calcium	57	51	52	51
Try a lot to avoid eating too many high-cholesterol foods	50	49	46	44

Q.32

Table 9-3

ATTITUDES TOWARD PREVENTION AND PREVENTION PRACTICES

Q.: Do you agree or disagree with the following statements?

	<u>Agree</u>	<u>Disagree</u>
Base: 1250		
If I exercise and eat right, I'm almost certain to stay healthy	% 85	15
I sometimes watch what I eat but not all the time	% 82	18
I'm willing to spend extra money on things that are healthy for me	% 75	24
It is very important to me that I feel attractive to the opposite sex	% 70	29
I think health clubs are important for physical fitness	% 58	40
These fads about physical fitness come and go, and I'm not impressed by this current emphasis on it	% 53	45
There are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat	% 51	48
When I don't exercise or eat right, I feel guilty	% 51	49
I would like to exercise and eat better, but I just can't get myself to do it	% 49	50
I am often confused about what I should do to stay healthy	% 28	72
I used to watch what I eat, but don't anymore	% 19	80

APPENDIX A: METHODOLOGY

METHODOLOGY

The 1988 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 9 to November 23, 1988. The overall completion rate for this survey was 60% of eligible households reached. The 40% noncompletion rate includes initial refusals, plus terminations during the course of the interview. A full disposition of every telephone number called is shown in Table A-1 at the end of this Appendix.

The 1988, 1987, 1986, 1985, 1984 and 1983 surveys followed the same procedures in every detail in order to facilitate comparisons.

Introduction

Louis Harris and Associates' telephone surveys are based on a national sample of the civilian population (18 years of age and older) of the United States. Those living in Alaska and Hawaii are not represented, nor are those in prisons, hospitals, or religious and educational institutions, unless such individuals have their own outside phone line. Samples are based on the Census Bureau's adult population figures for each state in the country. These figures are updated by intercensal estimates produced annually by the Census Bureau, and sample locations are selected biennially to reflect changes in the country's demographic and geographic profile.

National samples are stratified on two dimensions -- geographic region and metropolitan versus nonmetropolitan residence. Stratification ensures that the sample will reflect, within 1%, those living in different regions of the country and those living in SMSA's and non-SMSA's. Within each stratum, the selection of the primary sampling unit (PSU) is achieved through

multistage, unclustered sampling. Each PSU yields one interview. First states, then counties, and then minor civil divisions are selected, with probability of selection proportionate to Census Bureau estimates of their respective populations.

Random Digit Dialing

Louis Harris and Associates employs a random-digit-dialing procedure to select households within primary sampling units. Random digit dialing is a significant improvement over previously used techniques, extending the potential coverage rate to almost 95% of the U.S. population.

Unless some method of random digit dialing is used, telephone samples must be drawn directly from published lists. However, since the population of unlisted phone number subscribers is large and demographically dissimilar to subscribers with listed phone numbers, reliance on telephone directories alone yields seriously biased samples. For this reason, using published phone listings as the universe is inadequate for telephone surveys and inferior to using random digit dialing.

The use of a random-digit-dialing method offers other important advantages:

- The sample is highly representative.
- Unlisted telephone numbers have the same probability of inclusion in the sample as listed numbers. This is particularly important in reaching both high income and minority populations.
- Respondents are geographically dispersed, rather than clustered.
- Households with multiple phone listings have the same probability of inclusion in the sample as households with a single phone listing.

Sample Development

Virtually all of the hundreds of national telephone surveys conducted by the Harris organization each year are based on a modified, stratified, random-digit-dialing method. In addition, Harris telephone surveys use a stratified area-probability approach rather than a single-stage sample.

There are three important advantages to using an area-probability approach:

- It allows greater stratification of the population (Harris samples have twelve strata).
- It allows comparisons with Census Bureau data and other published demographic information that have a geographic base.
- It is compatible with sampling for in-person interviewing, thus providing greater versatility in study design.

The sample is developed in a multistage process. First, a listing is constructed of the latest estimates of the adult population of every state within each region in rank order, then a running cumulative total of gross sums is produced. Next, a skip factor is calculated as t/n , where t is the adult population of the stratum and n is the number of sample points needed. Then a random number, Ψ , smaller than the skip factor, is selected. Beginning with the random number Ψ , the sample points are then assigned according to where the numbers Ψ , $(\Psi + t/n)$, $(\Psi + 2 t/n)$, $(\Psi + 3 t/n)$... $(\Psi + (n-1) t/n)$ fall on the running cumulative total of the adult population within that stratum. This same procedure is applied to each state within each region to form PSU's.

At the next stage of selection, one telephone number for each PSU is randomly selected from the updated Harris library of telephone directories. The selected numbers are then altered by dropping the last two digits (or

occasionally just the last digit in rural areas) and replacing them with randomly selected two-digit numbers. As many randomly selected two-digit numbers as needed are successively appended until a working residential number is reached or until an interview is completed in each PSU. Technically, this method of sampling produces an epsem sample of all published banks of telephone numbers, i.e. a sample with an equal probability of selection method.

Stratification of Telephone Sample

The core telephone exchanges are stratified by two variables -- geographic region and place of residence. The United States is divided into four regions, as follows:

1. East: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia, and West Virginia.
2. South: Virginia, North Carolina, South Carolina, Florida, Georgia, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Texas, and Oklahoma.
3. Midwest: Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, and North Dakota.
4. West: Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada, California, Oregon, and Washington.

We also use three categories for place of residence:

1. Central City: Every place defined by the Census Bureau as a central city of a Standard Metropolitan Statistical Area.
2. Rest of Metropolitan Area: Every place that is not a central city but is within SMSA boundaries.
3. Outside Metropolitan Area: Every place that is not included in any of the other two categories.

We then define each place of residence category within each region as a stratum.

Control of the Sample

In order to maintain reliability and integrity in the sample, the telephone field staff follows these procedures when a respondent contact is attempted:

- A nonanswering telephone is dialed two more times over a three-day period. At the end of this time, if no contact is made, a new telephone number is generated for that PSU.
- If a business telephone is reached or if contact is made with a household in which a potential respondent presents a language barrier, a new telephone number is generated for that PSU.
- Once a residential contact is established, the interviewer uses a respondent selection procedure to designate someone in the household for the interview.

Respondent Selection

Within each household contacted for the survey, the interviewer uses a respondent selection procedure to determine which adult member of the household will be interviewed. Under the standardized procedure, the interviewer asks for one of the following household members, in order of priority: (1) youngest adult male at home; (2) next youngest adult male at home; (3) youngest adult female at home; or (4) next youngest adult female at home. This procedure results in a good distribution of respondents by sex and age. It also avoids automatically accepting as a respondent the adult in the household who routinely answers the phone.

Callback Strategy

In order to attain the highest possible response rates within reasonable cost constraints, callbacks are made according to the following guidelines:

No Answer/Not-at-Homes: An initial call and then two callbacks to reach an adult member of the household. Callbacks are made on different days and at different times of the day. After the third call, the household is replaced by another number in that PSU.

Refusals: One callback to try to convert any designated respondent who has refused or terminated an interview. If after the conversion attempt the designated respondent still declines the interview, another household is selected in that PSU.

Unavailable Respondents: An initial call and two callbacks to reach the designated member of the household. If after the third call the respondent is still not available for the interview, another household is selected in that PSU.

Busy Signals: An initial call, a followup fifteen minutes later, and two callbacks to reach a member of the household. Callbacks are made on different days and at different times of the day. If the telephone is still busy after the fourth call, a new number is selected in that PSU and the household is replaced.

Weighting

National public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age, and income. This adjusts these key variables, where necessary, to their actual proportions in the population. Only slight weighting is necessary in Harris samples (see Table A-2) to correct for sub-group variations in telephone penetration and non-response rates.

All surveys tend to underrepresent to some extent the most disadvantaged stratum of society due to the inherent difficulty of reaching it. Weighting of data by race and income serves to correct any such underrepresentation and to assure that final results are fully projectable.

Sampling Error

The results achieved from national public cross sections are subject to sampling error. Sampling error is defined as the difference between the results obtained from the sample and those that would have been obtained had the entire population been surveyed. The size of sampling error varies both with the size of the sample and with the percentage giving a particular answer. The following table sets forth the range of error in samples of different sizes at different percentages of response:

RECOMMENDED ALLOWANCE FOR SAMPLING ERROR OF PROPORTIONS (PLUS OR MINUS)

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Any Individual Percentage Result

Approximate Sample Size of Any Group Asked Question on Which Survey Result Is Based	Approximate Magnitude of Results				
	Survey	Survey	Survey	Survey	Survey
	Percentage Result at 10% or 90%	Percentage Result at 20% or 80%	Percentage Result at 30% or 70%	Percentage Result at 40% or 60%	Percentage Result at 50%
1,250	2	2	3	3	3
1,000	2	2	3	3	3
500	3	4	4	4	4
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

For example, if the response for a sample size of 1,000 is 30%, in 95 cases out of 100 the response in the total population would be between 27% and 33%.

Note that survey results based on subgroups of small size can be subject to large sampling error. For example, the results based on the 77 Hispanics in the sample could be subject to a sampling error of up to ± 11 .

The recommended allowances for sampling error were calculated based on a simple random sample.

Significance of Difference Between Proportions

The difference between the percentage responses given by two independent samples to the same question may or may not be significant. To determine whether or not such a difference is indeed significant, the size of the samples involved and the percentage giving each response must be taken into account. The following table shows the margin of error that must be allowed for different sample sizes at different percentages of response:

SAMPLING ERROR OF DIFFERENCE BETWEEN PROPORTIONS

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Differences Between Two Percentage Results

Approximate Sample Size of Two Groups Asked Question on Which Survey Results Are Based	Approximate Magnitude of Results				
	Survey Percentage Results at 10% or 90%	Survey Percentage Results at 20% or 80%	Survey Percentage Results at 30% or 70%	Survey Percentage Results at 40% or 60%	Survey Percentage Results at 50%
1,250 vs. 1,250	2	3	4	4	4
1,000	2	3	4	4	4
500	3	4	5	5	5
300	4	5	6	6	6
200	4	6	7	7	7
100	6	8	9	10	10
50	8	11	13	14	14
1,000 vs. 1,000	3	4	4	4	4
500	3	4	5	5	5
300	4	5	6	6	6
200	5	6	7	7	8
100	6	8	9	10	10
50	9	11	13	14	14
500 vs. 500	4	4	6	6	6
300	4	6	7	7	7
200	6	7	8	8	8
100	7	9	10	11	11
50	9	12	13	14	15
300 vs. 300	5	6	7	8	8
200	5	7	8	9	9
100	7	9	10	11	11
50	9	12	14	15	15
200 vs. 200	6	8	9	10	10
100	7	10	11	12	12
50	9	12	14	15	15
100 vs. 100	8	11	13	14	14
50	10	14	16	17	17
50 vs. 50	12	16	18	19	20

For example, suppose one group of size 1,000 has a response of 34% "yes" for a question, and an independent group of size 300 has a response of 27% "yes" for the same question, for a difference of 7 percentage points. According to the table, this difference is subject to a potential sampling error of plus or minus 6 percentage points. Since the observed difference is greater than the potential sampling error, the observed difference is significant. Moreover, if the entire population were interviewed, the difference would be from 1 to 13 percentage points (the 7-point observed difference plus or minus the 6-point potential sampling error) in 95 cases out of 100.

The recommended allowances for significance of difference apply both to comparisons between surveys from any two years as well as to subgroup comparisons within any one year's survey.

The recommended allowances for significance of difference were calculated based on a simple random sample.

Sampling error is only one way in which survey findings may vary from the findings that would result from interviewing every adult member of the population. Survey research is susceptible to human and mechanical errors as well, such as interviewer recording and data handling errors. However, the procedures used by the Harris firm keep errors of this kind to a minimum.

Table A-1

DISPOSITION OF ALL TELEPHONE NUMBERS CALLED
FOR THE 1988 SURVEY

<u>Completed Interviews</u>	1,250
<u>Reached but Not Completed</u>	
Respondent refused altogether	758
Respondent terminated interview once begun	63
<u>Callbacks Incomplete</u>	
Callback agreed to, but respondent could not complete it by the end of field period	364
<u>Quota Out</u>	
Excess women screened out toward end of field period to maintain proper sex ratio	1
<u>No Reachable Respondent</u>	
Never any answer	631
Always busy	78
Phone number not in service	1,273
Phone number is a business	354
Unavailable due to language; no English-speaker in household	83
Everyone reported to be unavailable due to health	98
Everyone reported to be unavailable during duration of the field period	24
<u>Miscellaneous</u>	
Duplicate numbers, etc.	32
TOTAL OF TELEPHONE NUMBERS CALLED	5,009

STANDARD FORMULA FOR CALCULATION OF COMPLETION RATE:

$$\frac{\text{Completions}}{\text{Completions} + \text{Refusals} + \text{Terminations}} = \frac{1,250}{1,250 + 758 + 63} = 60\%$$

Completion rate = 60% of eligible households reached.

Noncompletion rate = 40% of eligible households reached.

Table A-2

PROFILE OF THE 1988 ADULT SAMPLE

	<u>Base</u>	<u>Unweighted Proportion in Sample %</u>	<u>Weighted Proportion in Sample %</u>
<u>Total Adults</u>	1250	100	100
<u>Region</u>			
East	312	25	24
Midwest	311	25	24
South	387	31	32
West	240	19	20
<u>Urbanism</u>			
Central city	379	30	31
Rest of metropolitan area	572	46	45
Outside metropolitan area	299	24	24
<u>Sex</u>			
Male	598	48	48
Female	652	52	52
<u>Race</u>			
White	1059	85	80
Black	87	7	10
Hispanic	71	6	6
<u>Age</u>			
18-29 years	309	25	27
30-39 years	310	25	22
40-49 years	202	16	15
50-64 years	244	20	18
65 and over	171	14	16
<u>Education</u>			
Not high school graduate	179	14	16
High school graduate	438	35	35
Some college	309	25	24
Four-year college graduate	322	26	24
<u>Household Income</u>			
\$7,500 or less	105	8	12
\$7,501-\$15,000	146	12	15
\$15,001-\$25,000	227	18	18
\$25,001-\$35,000	273	22	15
\$35,001-\$50,000	197	16	15
\$50,001 and over	186	15	16

APPENDIX B: QUESTIONNAIRE

FOR OFFICE USE ONLY:

Questionnaire No.: _____

5-6-7-8

March 8, 1989

Sample Point No. 10-11-12-13-14-15-16

Time Started: A.M./P.M.

Interviewer: _____ I.D. No.: _____ Date: _____

Area Code: _____ Telephone No.: _____ (17-26)

Hello, I'm _____ from Louis Harris and Associates, the national survey research firm in New York. We are conducting a survey of the American people on the subject of health and safety.

Are you 18 years of age or older? (IF "NO," ASK IF ANYONE IN HOUSEHOLD IS 18 YEARS OLD OR OLDER, AND ASK TO SPEAK WITH THAT PERSON. IF NO ONE IN HOUSEHOLD IS 18 OR OLDER, NOT ELIGIBLE.)

Yes..... (CONTINUE WITH QUESTIONNAIRE)

No..... (NONELIGIBLE)

Refused.... (REFUSAL)

FROM OBSERVATION: Respondent sex:

Male.....(27(48 -1

Female..... 52 -2

1. In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor? N = 1250

Excellent.....	(28	25	-1
Very good.....	34	-2	
Good.....	25	-3	
Fair.....	12	-4	
Poor.....	3	-5	
Not sure.....	*	-6	
Refused.....	*	-7	

2. How often do you have a blood pressure reading? DO NOT READ LIST

More often than once a year.....	(29	57	-1
Once a year.....	26	-2	
Every two years.....	6	-3	
Every three or four years.....	1	-4	
Every five years or less often..	3	-5	
Never.....	5	-6	
Not sure.....	3	-7	
Refused.....	-	-8	

3. How often do you have a blood test for your cholesterol level? DO NOT READ LIST

More often than once a year.....	(30	21	-1
Once a year.....	28	-2	
Every two years.....	6	-3	
Every three or four years.....	4	-4	
Every five years or less often..	5	-5	
Never.....	32	-6	
Not sure.....	4	-7	
Refused.....	*	-8	

4. How often do you go to the dentist for treatment or a checkup? DO NOT READ LIST

More often than once a year.....	(31	47	-1
Once a year.....	24	-2	
Every two years.....	8	-3	
Every three or four years.....	4	-4	
Every five years or less often..	4	-5	
Never.....	11	-6	
Not sure.....	2	-7	
Refused.....	*	-8	

32-39Z

ASK EVERYONE

5. Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

		Try a Lot	Try a Little	Don't Try at All	Not Sure	Refused
<u>ROTATE -- START AT "X"</u>						
() a.	Avoid eating too much salt or sodium..	(40(<u>48</u> -1	<u>33</u> -2	<u>18</u> -3	<u>1</u> -4	<u>1</u> -5
() b.	Avoid eating too much fat.....	(41(<u>54</u> -1	<u>32</u> -2	<u>12</u> -3	<u>1</u> -4	<u>1</u> -5
() c.	Eat enough fiber from whole grains, cereals, fruits, and vegetables.....	(42(<u>60</u> -1	<u>29</u> -2	<u>10</u> -3	<u>1</u> -4	<u>-</u> -5
() d.	Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats.....	(43(<u>48</u> -1	<u>36</u> -2	<u>15</u> -3	<u>1</u> -4	<u>*</u> -5
() e.	Get enough vitamins and minerals in foods or in supplements.....	(44(<u>57</u> -1	<u>30</u> -2	<u>11</u> -3	<u>1</u> -4	<u>*</u> -5
() f.	Avoid eating too much sugar and sweet food.....	(45(<u>47</u> -1	<u>37</u> -2	<u>15</u> -3	<u>1</u> -4	<u>*</u> -5
() g.	Get enough calcium in foods or in supplements.....	(46(<u>53</u> -1	<u>32</u> -2	<u>12</u> -3	<u>2</u> -4	<u>*</u> -5
() h.	Avoid caffeine in beverages, such as coffee, tea, and certain soda pop.....	(47(<u>33</u> -1	<u>31</u> -2	<u>35</u> -3	<u>1</u> -4	<u>*</u> -5
() i.	Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings.....	(48(<u>35</u> -1	<u>34</u> -2	<u>30</u> -3	<u>1</u> -4	<u>*</u> -5

DO NOT ROTATE

j.	Eat fish twice a week.....	(49(<u>28</u> -1	<u>34</u> -2	<u>36</u> -3	<u>1</u> -4	<u>*</u> -5
k.	Eat vegetables in the cabbage family, such as cabbage, broccoli, Brussels sprouts, and cauliflower.....	(50(<u>60</u> -1	<u>28</u> -2	<u>12</u> -3	<u>*</u> -4	<u>-</u> -5

6. In feet and inches, what is your height without shoes on?
ROUND TO NEXT HIGHEST INCH

4' 10" or less.....	(51(	* -1
4' 11".....	1	-2
5' 0".....	4	-3
5' 1".....	3	-4
5' 2".....	7	-5
5' 3".....	7	-6
5' 4".....	9	-7
5' 5".....	8	-8
5' 6".....	10	-9
5' 7".....	9	-0
5' 8".....	(52(	8 -1
5' 9".....	6	-2
5' 10".....	7	-3
5' 11".....	5	-4
6' 0".....	7	-5
6' 1".....	4	-6
6' 2".....	3	-7
6' 3".....	1	-8
6' 4".....	1	-9
6' 5".....	*	-0
6' 6".....	(53(	* -1
More than 6' 6".....	*	-2
Not sure.....	*	-3
Refused.....	-	-4

7. Please tell me your present weight without clothes. WRITE IN NUMBER

<u> </u> / <u> </u> / <u> </u> / <u> </u> lbs.	130 or less	- 23%
(54-56)	131 to 155	- 27%
	156 to 180	- 27%
Not sure.....(57(	181 and over	- 21%
Refused.....	Mean - 159	

8. What kind of body frame or bone structure would you say you have -- small, medium, or large?

Small.....(58(	18 -1	Within Recommended Range	- 21%
Medium.....	58 -2	Overweight	- 64%
Large.....	23 -3	Underweight	- 15%
Not sure.....	*		-4
Refused.....	-		-5

9. At the present time, do you get any regular exercise, either at work or somewhere else?

Get regular exercise...(59(	75 -1
Do not get regular exercise	24 -2
Not sure.....	* -3
Refused.....	- -4

10. How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

Never.....	(60(<u>19</u> -1	} (ASK Q.11)
Less than 1 day a month.....	<u>6</u> -2	
1 to 3 days a month.....	<u>11</u> -3	
1 day a week.....	<u>13</u> -4	
2 days a week.....	<u>13</u> -5	
3 days a week.....	<u>15</u> -6	} (SKIP TO Q.12)
4 to 5 days a week.....	<u>12</u> -7	
6 to 7 days a week.....	<u>9</u> -8	
Not sure.....	<u>1</u> -9	
Refused.....	<u>-</u> -0	

11. I'm going to read a list of factors some people have told us would increase their chances of becoming involved in regular exercise. For each one I read tell me whether it would help you become more involved, or not? READ EACH ITEM. Base: 786

	Yes, Would Help	No, Would Not	Not Sure	Not Appli- cable
a. If you needed to lose weight.....	(61(<u>75</u> -1	<u>22</u> -2	<u>2</u> -3	<u>1</u> -4
b. Greater availability of exercise facilities.....	(62(<u>51</u> -1	<u>45</u> -2	<u>2</u> -3	<u>1</u> -4
c. More flexible scheduling of your work day.....	(63(<u>53</u> -1	<u>39</u> -2	<u>1</u> -3	<u>7</u> -4
d. If your doctor recommended it.....	(64(<u>85</u> -1	<u>13</u> -2	<u>1</u> -3	<u>1</u> -4
e. If your friends began doing it.....	(65(<u>49</u> -1	<u>48</u> -2	<u>1</u> -3	<u>1</u> -4
f. Less expensive exercise facilities.....	(66(<u>56</u> -1	<u>41</u> -2	<u>1</u> -3	<u>1</u> -4
g. If a fitness program were begun at work.....	(67(<u>55</u> -1	<u>29</u> -2	<u>1</u> -3	<u>16</u> -4

ASK EVERYONE

12. Do you smoke cigarettes now, or not?

Smoke now.....	(68(<u>26</u> -1
Don't smoke now.....	<u>74</u> -2
Not sure.....	<u>-</u> -3
Refused.....	<u>*</u> -4

13. Does anyone in your household ever smoke in bed, or not?

Yes, someone smokes in bed.....	(69(<u>10</u> -1
No, no one ever smokes in bed.....	<u>85</u> -2
No one in household smokes (vol.)....	<u>5</u> -3
Not sure.....	<u>*</u> -4
Refused.....	<u>*</u> -5

14. About how often do you socialize with close friends, relatives, or neighbors?
READ LIST IF NECESSARY

More than twice a week.....	(70(	47	-1
Twice a week.....		17	-2
Once a week.....		20	-3
2 to 3 times a month.....		8	-4
Once a month.....		6	-5
Less than once a month.....		1	-6
Never.....		1	-7
Not sure.....		1	-8
Refused.....		*	-9

15. Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Almost every day.....	(71(	18	-1
Several days a week.....		15	-2
Once or twice a week.....		30	-3
Less often than once a week.....		27	-4
Never.....		9	-5
Not sure.....		1	-6
Refused.....		-	-7

16. Do you consciously take steps to control or reduce the stress in your life, or not?

Yes, take steps to control..	(72(	69	-1
No, don't take steps.....		30	-2
Not sure.....		1	-3
Refused.....		-	-4

17. How many hours do you usually sleep each 24-hour day in total? DO NOT READ LIST

Less than 5 hours.....	(73(	3	-1
5 hours.....		5	-2
6 hours.....		20	-3
7 hours.....		31	-4
8 hours.....		31	-5
9 hours.....		6	-6
10 hours or more.....		5	-7
Not sure.....		1	-8
Refused.....		-	-9

18. In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Never.....(74(39 -1 (SKIP TO Q.20)

Less than 1 day a month.....	17	-2	} (ASK Q.19)
1 to 3 days a month.....	18	-3	
1 to 2 days a week.....	14	-4	
3 to 4 days a week.....	5	-5	
5 to 6 days a week.....	2	-6	
Daily/7 days a week.....	5	-7	
Not sure.....	*	-8	
Refused.....	*	-9	

19. On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine. DO NOT READ LIST

1 drink.....	(75(	<u>34</u>	-1	Base: 788
2 drinks.....		<u>35</u>	-2	
3 drinks.....		<u>14</u>	-3	
4 drinks.....		<u>6</u>	-4	
5 or more drinks.....		<u>11</u>	-5	
Not sure.....		*	-6	
Refused.....		*	-7	

ASK EVERYONE

20. How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

All the time.....	(76(	<u>60</u>	-1
Sometimes.....		<u>26</u>	-2
Never.....		<u>13</u>	-3
Not applicable (vol.).....		<u>1</u>	-4
Not sure.....		-	-5
Refused.....		*	-6

21. Do you drive a car?

Yes, drive.....	(77(	<u>89</u>	-1	(ASK Q.22)
No, do not drive.....		<u>11</u>	-2	} (SKIP TO Q.24)
Refused.....		-	-3	

22. How often do you drive at or below the speed limit -- all the time, sometimes, or never?

All the time.....	(78(	<u>51</u>	-1
Sometimes.....		<u>44</u>	-2
Never.....		<u>5</u>	-3
Not sure.....		<u>1</u>	-4
Refused.....		-	-5

23. If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

All the time.....	(79(	<u>3</u>	-1
Sometimes.....		<u>19</u>	-2
Never.....		<u>60</u>	-3
Don't drink (vol.).....		<u>18</u>	-4
Not sure.....		*	-5
Refused.....		*	-6

24. Do you have a smoke detector in your home, or not?

Have a smoke detector.....	2*(10(	<u>81</u>	-1
Do not have a smoke detector....		<u>19</u>	-2
Not sure.....		<u>*</u>	-3
Refused.....		<u>-</u>	-4

25. Do you take any special steps or precautions to avoid accidents in and around your home?

Yes, take steps.....	(11(	<u>82</u>	-1
No, don't take steps.....		<u>17</u>	-2
Not sure.....		<u>1</u>	-3
Refused.....		<u>-</u>	-4

26. How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

Frequently.....	(12(	<u>1</u>	-1
Sometimes.....		<u>2</u>	-2
Only occasionally.....		<u>3</u>	-3
Never.....		<u>95</u>	-4
Not sure.....		<u>*</u>	-5
Refused.....		<u>*</u>	-6

27. Does your current family health insurance plan provide a discount for those who do not smoke or who exercise regularly?

Yes.....	(13(	<u>27</u>	-1
No.....		<u>45</u>	-2
Don't know/not sure...		<u>6</u>	-3
Does not have insurance (vol.).....		<u>22</u>	-4
Refused.....		<u>-</u>	-5

28. Right now, do you feel that you are overweight, or underweight, or at about the right weight for you?

Feel overweight.....	(14(	<u>45</u>	-1
Feel underweight.....		<u>5</u>	-2
Feel at about the right weight...		<u>50</u>	-3
Not sure.....		<u>-</u>	-4
Refused.....		<u>-</u>	-5

29. During the past month, have you tried to lose any weight, or not?

Yes, tried.....(15(37 -1
 No, did not try..... 63 -2
 Not sure..... * -3
 Refused..... - -4

30a. Have you ever lost at least ten pounds or more while dieting?

Yes, have.....(16(47 -1 (ASK Q.30b)
 No, have not..... 52 -2
 Not sure..... * -3
 Refused..... * -4 } (SKIP TO Q.31)

30b. Were you able to keep all or most of the weight off permanently?

Yes, was able.....(17(57 -1 Base: 605
 No, was not able..... 42 -2
 Not sure..... 1 -3
 Refused..... * -4

ASK EVERYONE

31. Here's a list of things that people have told us that they have done in order to stay healthy. As I read down the list, tell me if you've done any of these things in the past month? READ LIST; CHECK ALL THAT APPLY

	Yes, Have Done	No, Haven't	Not Sure
Drunk diet soft drinks instead of regular soft drinks.....(18(<u>37</u> -1	<u>62</u> -2	<u>1</u> -3	
Joined a health club or exercise class.....(19(<u>11</u> -1	<u>89</u> -2	<u>*</u> -3	
Socialized more often.....(20(<u>29</u> -1	<u>70</u> -2	<u>1</u> -3	
Bought a diet book.....(21(<u>7</u> -1	<u>93</u> -2	<u>*</u> -3	
Cut down on alcohol.....(22(<u>27</u> -1	<u>70</u> -2	<u>3</u> -3	
Taken non-prescription diet pills(23(<u>3</u> -1	<u>97</u> -2	<u>*</u> -3	
Taken prescription diet pills....(24(<u>2</u> -1	<u>98</u> -2	<u>*</u> -3	
Gone to Weight Watchers, Overeaters Anonymous, or a similar program.....(25(<u>4</u> -1	<u>96</u> -2	<u>-</u> -3	
Fasted for at least 3 days at a time.....(26(<u>4</u> -1	<u>96</u> -2	<u>1</u> -3	
Cut down on red meat.....(27(<u>49</u> -1	<u>51</u> -2	<u>1</u> -3	
Cut down on sugar.....(28(<u>58</u> -1	<u>42</u> -2	<u>*</u> -3	
Socialized less often.....(29(<u>18</u> -1	<u>81</u> -2	<u>1</u> -3	
Tried to gain more self-control..(30(<u>60</u> -1	<u>38</u> -2	<u>2</u> -3	
Tried to do things to relieve stress and boredom.....(31(<u>71</u> -1	<u>29</u> -2	<u>*</u> -3	
Started to exercise strenuously.....(32(<u>29</u> -1	<u>70</u> -2	<u>1</u> -3	

32. Now I'm going to read a list of statements and I would like you to tell me whether you agree or disagree with each one that I read.

ROTATE -- START WITH "X"

	<u>Agree</u>	<u>Disagree</u>	<u>Not Sure</u>
() a. When I don't exercise or eat right I feel guilty.....(33(<u>51</u> -1	<u>49</u> -2	<u>1</u> -3	
() b. I used to watch what I eat, but don't anymore.....(34(<u>19</u> -1	<u>80</u> -2	<u>1</u> -3	
() c. If I exercise and eat right, I'm almost certain to stay healthy.....(35(<u>85</u> -1	<u>15</u> -2	<u>1</u> -3	
() d. It is very important to me that I feel attractive to the opposite sex...(36(<u>70</u> -1	<u>29</u> -2	<u>1</u> -3	
() e. I am often confused about what I should do to stay healthy.....(37(<u>28</u> -1	<u>72</u> -2	<u>*</u> -3	
() f. I'm willing to spend extra money on things that are healthy for me.....(38(<u>75</u> -1	<u>24</u> -2	<u>1</u> -3	
() g. I would like to exercise and eat better, but I just can't get myself to do it.....(39(<u>49</u> -1	<u>50</u> -2	<u>1</u> -3	
() h. These fads about physical fitness come and go, and I'm not impressed by this current emphasis on it.....(40(<u>53</u> -1	<u>45</u> -2	<u>2</u> -3	
() i. There are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat.....(41(<u>51</u> -1	<u>48</u> -2	<u>1</u> -3	
() j. I sometimes watch what I eat but not all the time.....(42(<u>82</u> -1	<u>18</u> -2	<u>*</u> -3	
() h. I think health clubs are important for physical fitness.....(43(<u>58</u> -1	<u>40</u> -2	<u>2</u> -3	

33a. During the past month, have you done any walking as exercise?

Yes, have walked.....(44(68 -1 (ASK Q.33b)

No, but ran or jogged.....	<u>13</u> -2	} (IF FEMALE RESPONDENT, SKIP TO Q.34, IF MALE RESPONDENT, SKIP TO Q.36a)
No, have not walked.....	<u>19</u> -3	
Not sure.....	<u>*</u> -4	
Refused.....	<u>*</u> -5	

33b. How often did you walk for exercise in the past month? DO NOT READ LIST

Once.....	(45(<u>2</u> -1
2 to 3 times in month.....	<u>8</u> -2
Weekly.....	<u>14</u> -3
Several times a week.....	<u>36</u> -4
Daily.....	<u>39</u> -5
Not sure.....	<u>1</u> -6
Refused.....	<u>*</u> -7

33c. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....	(46(<u>32</u> -1
About the same.....	<u>46</u> -2
Less often.....	<u>20</u> -3
Not sure.....	<u>1</u> -4
Refused.....	<u>*</u> -5

33d. When you walk for exercise, do you usually walk more than a mile or less than a mile?

More than a mile.....	(47(<u>61</u> -1
Less than a mile.....	<u>27</u> -2
Exactly one mile (vol.).....	<u>11</u> -3
Not sure.....	<u>1</u> -4
Refused.....	<u>*</u> -5

33e. How many years have you been walking for exercise? DO NOT READ LIST

Less than one year.....	(48(<u>11</u> -1
1 to 2 years.....	<u>20</u> -2
2 to 5 years.....	<u>25</u> -3
More than 5 years.....	<u>41</u> -4
Not sure.....	<u>3</u> -5
Refused.....	<u>*</u> -6

33f. When you walk for exercise, do you usually wear any special shoes that are designed for walking, or not?

Yes, wear special shoes..(49(43 -1
 No, do not wear special shoes 57 -2
 Not sure..... 1 -3
 Refused..... * -4

ASK Q.34 AND Q.35 OF WOMEN ONLY -- SKIP MEN TO Q.36a

34. How often do you have a Pap smear test for cancer? DO NOT READ LIST

More often than once a year.(50(15 -1
 Once a year..... 57 -2
 Every 2 years..... 7 -3
 Every 3 years..... 3 -4
 Every 4 or 5 years..... 3 -5
 Every 6 years or less often..... 3 -6
 Never..... 9 -7
 Not applicable (vol.)..... 1 -8
 Not sure..... 2 -9
 Refused..... * -0

Base: 652

35. How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

At least once a month.....(51(51 -1
 Several times a year..... 24 -2
 Once a year..... 7 -3
 Less than once a year..... 3 -4
 Never..... 12 -5
 I never do it -- doctor does it (vol.)... 1 -6
 Not applicable (vol.)..... * -7
 Not sure..... * -8
 Refused..... * -9

ASK EVERYONE

36a. During the past month, have you taken any food supplements, such as vitamins or minerals, or not?

Yes, have taken....(52(49 -1 (ASK Q.36b)

No, have not taken..... 51 -2
 Not sure..... -3
 Refused..... -4 } (SKIP TO Q.36i)

36b. What types of food supplements did you take? Anything else? Can you name any more?

DO NOT READ LIST

IF MORE THAN ONE TYPE, ASK Q.36c. OTHERWISE GO TO Q.36d

36c. Which of those do you feel is most important?

	<u>Q.36b</u> MULTIPLE RECORD	<u>Q.36c</u> Most Important SINGLE RECORD	
Multi-vitamins/minerals..(53(<u>66</u> -1	(64(<u>66</u> -1		Base: 620
Vitamin A.....(54(<u>5</u> -1	<u>5</u> -2		
Vitamin B12.....(55(<u>4</u> -1	<u>4</u> -3		
Vitamin B-complex.....(56(<u>9</u> -1	<u>9</u> -4		
Vitamin C.....(57(<u>25</u> -1	<u>25</u> -5		
Vitamin E.....(58(<u>13</u> -1	<u>13</u> -6		
Calcium.....(59(<u>17</u> -1	<u>17</u> -7		
Iron.....(60(<u>9</u> -1	<u>9</u> -8		
Omega-3 (fish oil).....(61(<u>1</u> -1	<u>1</u> -9		
Beta-carotene.....(62(<u>1</u> -1	<u>1</u> -0		
Other (SPECIFY):			
.....(63(<u>16</u> -1	(65(<u>16</u> -1		
Not sure..... <u>3</u> -2	<u>3</u> -2		

36d. How often did you take this supplement during the past month?

DO NOT READ LIST.

Once.....(66(2 -1
 2 to 3 times in month..... 3 -2
 Weekly..... 5 -3
 Several times a week..... 12 -4
 Daily..... 77 -5
 Not sure..... 1 -6
 Refused..... * -7

36e. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....(67(35 -1
 About the same..... 57 -2
 Less often..... 8 -3
 Not sure..... * -4
 Refused..... * -5

36f. For how many years have you been taking this food supplement?
DO NOT READ LIST.

Less than one year.....	(68(20 -1
1 to 2 years.....	17 -2
2 to 5 years.....	25 -3
More than 5 years.....	36 -4
Not sure.....	2 -5
Refused.....	* -6

36g. Where do you usually purchase most of this food supplement? SINGLE RECORD
DO NOT READ LIST.

Supermarket.....	(69(16 -1
Drugstore/pharmacy.....	50 -2
Discount Store (K-Mart, Wal-Mart, etc.).....	12 -3
Direct seller (Shaklee, Amway, etc.).....	1 -4
Mail order.....	3 -5
Health food store.....	11 -6
Other.....	5 -7
Not sure.....	2 -8
Refused.....	1 -9

36h. What is the main reason why you take this food supplement?

Supplement diet/balance diet	- 29%	
Maintain health/good health	- 15%	...(70-71) (SKIP TO Q.37a)
Doctor recommendation	- 11%	
To raise energy level	- 9%	
Prevent colds	- 6%	
Prevent medical condition	- 6%	

(IF RESPONDENT ANSWERS "TO INCREASE OR GET ENOUGH VITAMINS, MINERALS," PROBE:
And what is the main reason why you want to do that? RECORD ABOVE)

36i. During the past 5 years, have you taken any food supplements, such as vitamins or minerals, on a regular basis, or not?

Yes.....	(72(26 -1	(ASK Q.36j)
No.....	74 -2	
Not sure.....	* -3	
Refused.....	4 -4	(SKIP TO Q.37a)

36j. Is there any particular reason why you stopped taking food supplements on a regular basis?

Yes, some reason (What is that?)...(73(52 -4

No longer needed/improved medical condition/gave birth	- 26%	(74-75)
No effect on health/ineffective	- 19%	
Eat a balanced diet	- 17%	
Any other mention	- 33%	

No, no reason.....	(73(45 -1
Not sure.....	1 -2
Refused.....	2 -3

ASK EVERYONE

37a. During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially low in calories other than diet soda?

Yes, have purchased....3*(10(38 -1 (ASK Q.37b)

No, have not purchased.....	<u>61</u> -2	} (SKIP TO Q.38a)
Not sure.....	<u>1</u> -3	
Refused.....	<u>*</u> -4	

37b. What type of manufactured low calorie food product do you purchase most often? DO NOT READ LIST -- SINGLE RECORD

Frozen entrees, dinners, desserts...	(11(<u>19</u> -1
Milk.....	<u>9</u> -2
Yogurt, cottage cheese	
other milk products,.....	<u>10</u> -3
Bread, cereal, crackers, other	
grains or noodles.....	<u>17</u> -4
Sugar, candy and syrup substitutes.....	<u>7</u> -5
Margarine.....	<u>9</u> -6
Salad dressing.....	<u>7</u> -7
SlimFast or equivalent.....	<u>2</u> -8
Canned fruit.....	<u>1</u> -9
Jello.....	<u>2</u> -0
Other (SPECIFY):	

.....	...(12(<u>9</u> -1
Not sure.....	<u>7</u> -2

37c. How often did you eat it during the past month? DO NOT READ LIST.

Once.....	(13(<u>4</u> -1
2 to 3 times in month.....	<u>12</u> -2
Weekly.....	<u>13</u> -3
Several times a week.....	<u>25</u> -4
Daily.....	<u>34</u> -5
Respondent did not eat any.....	<u>11</u> -6
Not sure.....	<u>2</u> -7
Refused.....	<u>-</u> -8

37d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....	(14(<u>36</u> -1
About the same.....	<u>53</u> -2
Less often.....	<u>9</u> -3
Not sure.....	<u>1</u> -4
Refused.....	<u>*</u> -5

37e. For how many years have (you/they) been eating this type of low calorie food product? DO NOT READ LIST.

Less than one year.....	(15(<u>21</u> -1
1 to 2 years.....	<u>26</u> -2
2 to 5 years.....	<u>27</u> -3
More than 5 years.....	<u>25</u> -4
Not sure.....	<u>2</u> -5
Refused.....	<u>*</u> -6

ASK EVERYONE

38a. During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially high in fiber?

Yes, have purchased.....(16(57 -1 (ASK Q.38b)

No, have not purchased..... 42 -2
 Not sure..... 1 -3
 Refused..... * -4 } (SKIP TO Q.39a)

38b. What type of manufactured high fiber food product did you purchase most often? DO NOT READ LIST -- SINGLE RECORD

Cereal.....(17(82 -1
 Bread..... 9 -2
 Wheat germ..... * -3
 Vegetables..... 1 -4
 Other (SPECIFY):

..... 4 -5
 Not sure..... 2 -6
 Oat bran..... 1

38c. How often did you yourself eat it during the past month? DO NOT READ LIST

Once.....(18(2 -1
 2 to 3 times in month..... 6 -2
 Weekly..... 9 -3
 Several times a week..... 38 -4
 Daily..... 35 -5
 Respondent did not eat any..... 9 -6
 Not sure..... 1 -7
 Refused..... * -8

38d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....(19(39 -1
 About the same..... 53 -2
 Less often..... 6 -3
 Not sure..... 1 -4
 Refused..... 1 -5

38e. For how many years have (you/they) been eating this type of high fiber food product? DO NOT READ LIST

Less than one year.(20(15 -1
 1 to 2 years..... 23 -2
 2 to 5 years..... 25 -3
 More than 5 years..... 33 -4
 Not sure..... 3 -5
 Refused..... 1 -6

ASK EVERYONE

39a. During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially low in fat or low in cholesterol?

Yes, have purchased.....(21(48 -1 (ASK Q.39b)

No, have not purchased..... 49 -2
 Not sure..... 2 -3
 Refused..... * -4 } (SKIP TO Q.40a)

39b. What type of manufactured low fat or low cholesterol food product did you purchase most often? DO NOT READ LIST- SINGLE RECORD

Margarine.....(22(33 -1
 Oil..... 16 -2
 Milk..... 12 -3
 Butter..... 7 -4
 Meat/bacon..... 6 -5
 Eggs..... 3 -6
 Cheese..... 3 -7
 Poultry..... 3 -8
 Other (SPECIFY):

..... 8 -9
 Not sure..... 4 -0
 Bread/cereal/crackers..... 3

39c. How often did you eat it during the past month? DO NOT READ LIST

Once.....(23(2 -1
 2 to 3 times in month..... 6 -2
 Weekly..... 12 -3
 Several times a week..... 32 -4
 Daily..... 41 -5
 Respondent did not eat any..... 3 -6
 Not sure..... 3 -7
 Refused..... - -8

39d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....(24(30 -1
 About the same..... 61 -2
 Less often..... 8 -3
 Not sure..... 1 -4
 Refused..... - -5

39e. For how many years have (you/they) been eating this type of low fat or low cholesterol food product? DO NOT READ LIST

Less than one year.(25(14 -1
 1 to 2 years..... 21 -2
 2 to 5 years..... 27 -3
 More than 5 years..... 36 -4
 Not sure..... 2 -5
 Refused..... - -6

ASK EVERY ONE40a. During the past month have you taken any non-prescription pain relievers, or not?Yes, have taken.....(26(49 -1 (ASK Q.40b)

No, have not taken.....	<u>51</u> -2	} (SKIP TO Q.41a)
Not sure.....	- -3	
Refused.....	- -4	

40b. What type of non-prescription pain reliever do you take most often?

SINGLE RECORD -- DO NOT READ LISTA powder, B.C. powders.....(27(1 -1Acetaminophen, Anacin-3,
Datril, Panadol, Tylenol..... 39 -2Antihistamine, decongestant..... 1 -3

Antacid..... - -4

Combinations, Excedrin..... 3 -5Ibuprofin, Advil/Nuprin..... 15 -6

Midol, Pamprin..... - -7

Salicylate, aspirin,
Bayer, Bufferin, Anacin..... 36 -8Other (DO NOT SPECIFY)..... 6 -9

Not sure.....(28(- -1

Refused..... 1 -240c. How often did you take it during the past month? DO NOT READ LISTOnce.....(29(13 -12 to 3 times in month..... 33 -2Weekly..... 17 -3Several times a week..... 21 -4Daily..... 15 -5Not sure..... 2 -6

Refused..... * -7

40d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.....(30(24 -1About the same..... 63 -2Less often..... 11 -3Not sure..... 1 -4

Refused..... * -5

ASK EVERYONE

F1. Are you currently employed full or part-time outside the home?

Yes, full time.....	(64(53 -1)	} (GO TO Q.F2)
Yes, part time.....	11 -2	
Self-employed (vol.).....	2 -3	
No.....	34 -4	} (SKIP TO Q.F5)
Not sure.....	- -5	
Refused.....	* -6	

F2. What type of work do you do?

ASK FOR JOB TITLE AND MAIN DUTIES -- DESCRIBE IN DETAIL:

Professional.....	(65(20 -1
Manager, official.....	12 -2
Proprietor (small business).....	3 -3
Clerical worker.....	13 -4
Sales worker.....	9 -5
Skilled craftsman, foreman.....	14 -6
Operative, unskilled laborer (except farm).....	13 -7
Service worker.....	12 -8
Farmer, farm manager, farm laborer.....	1 -9
Student.....	* -0
Housewife.....	(66(* -1
Military service.....	1 -2
Welfare.....	- -3
Disabled.....	- -4
Other (SPECIFY):	
	 -5
Not sure.....	- -6
Refused.....	- -7

F3. Does your current employer provide any assistance to help you stay healthy such as weight control counseling, an exercise program or help to stop smoking?

Yes.....	(67(24 -1	(ASK Q.F4)
No.....	75 -2	} (SKIP TO Q.F5)
Not sure.....	1 -3	
Refused.....	* -4	

F4. Do you participate in any of these programs?

Yes.....	(68(37 -1
No.....	63 -2
Not sure.....	- -3
Refused.....	- -4

F5. How old are you? IF HESITANT, READ LIST

18 to 20.....(69(7 -1
 21 to 24..... 8 -2
 25 to 29..... 12 -3
 30 to 34..... 12 -4
 35 to 39..... 11 -5
 40 to 44..... 8 -6
 45 to 49..... 7 -7
 50 to 54..... 6 -7
 55 to 59..... 7 -8
 60 to 64..... 6 -9
 65 and over..... 16 -0
 Refused.....(70(1 -1
 Not sure..... - -2

F6. What is the last grade or level of school you completed?

No formal schooling.....(71(1 -1
 First through 7th grade..... 2 -2
 8th grade..... 3 -3
 Some high school..... 10 -4
 High school graduate..... 35 -5
 Some college..... 19 -6
 Two-year college graduate..... 6 -7
 Four-year college graduate..... 15 -8
 Postgraduate..... 9 -9
 Trade/technical/vocational after
 high school*.....XXXXXX
 Refused/not sure..... * -0

*INTERVIEWER: PROBE FOR LAST LEVEL OF FORMAL EDUCATION
 AND CODE INTO APPROPRIATE CATEGORY

F7. Which of the following income categories best describes your total 1987 household income? Was it (READ LIST)?

\$7,500 or less.....(72(12 -1
 \$7,501 to \$15,000..... 15 -2
 \$15,001 to \$25,000..... 18 -3
 \$25,001 to \$35,000..... 15 -4
 \$35,001 to \$50,000..... 15 -5
 \$50,001 or over..... 16 -6
 Not sure..... 5 -7
 Refused..... 5 -8

INTERVIEWER: TOTAL HOUSEHOLD
 INCOME BEFORE TAXES FROM ALL
 SOURCES -- IF UNSURE OF 1986
 INCOME, PROBE FOR ESTIMATE

F8. Are you of Hispanic descent, or not?

Yes, of Hispanic descent.....(73(6 -1
 No, not of Hispanic descent..... 91 -2
 Not sure..... 2 -3
 Refused..... * -4

F9. Do you consider yourself white, black, Asian, or some other race?

White.....(74(85 -1
 Black..... 12 -2
 Asian or Pacific Islander..... 1 -3
 American Indian or Alaskan native... 1 -4
 Not sure..... 1 -5
 Refused..... 1 -6

F10. Is your religious background Protestant, Catholic, Jewish, or something else?

Protestant.....(75(53 -1
 Catholic..... 31 -2
 Jewish..... 2 -3
 Other..... 9 -4
 None..... 3 -5
 Not sure..... 1 -6
 Refused..... 1 -7

INTERVIEWER NOTE:

CODE AS "PROTESTANT"

Baptist
 "Born-Again"
 "Christian" (UNSPEC.)
 Church of Christ
 Congregational
 Episcopalian
 "Fundamentalist"
 Latter-Day Saint/
 Mormon
 Lutheran
 Methodist
 Pentecostal
 Presbyterian
 Unitarian

CODE AS OTHER

Christian Scientist
 Greek/Russian Orthodox
 Jehovah's Witness
 7th Day Adventist

Thank you very much for your cooperation!

TIME ENDED: _____ AM/PM

THE PREVENTION INDEX '89

SUMMARY REPORT



A REPORT CARD ON THE NATION'S HEALTH

A PROJECT OF PREVENTION MAGAZINE

CONTENTS

.....

PART ONE

The Prevention Index: A Report Card on the Nation's Health

A Project of *Prevention Magazine*

Robert Rodale

Editor, *Prevention Magazine*

Sanford T. Beldon

Publisher, *Prevention Magazine*

Thomas Dybdahl

Project Director, The Prevention Index

Mark Schwartz, Ph.D.

Technical Director, The Prevention Index

PART TWO

Prevention in America 6: Steps People Take - or Fail to Take - for Better Health, Survey Summary

Consumers' survey conducted for *Prevention Magazine* by
Louis Harris & Associates, Inc. Fieldwork: November, 1988

Project Directors:

Humphrey Taylor

President

Louis Harris & Associates, Inc.

Louis Genevie, Ph.D.

Vice President

Louis Harris & Associates, Inc.

Xiaoyan Zhao, Ph.D.

Research Associate

Louis Harris & Associates, Inc.

APPENDIX

Procedures for Computing the Prevention Index

A Note on Survey Methods

Your Personal Prevention Profile

PREFACE

.....

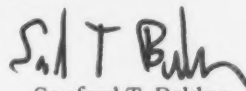
It's nice to be the bearer of good news: the 1989 Prevention Index score reached a six-year high.

Over the past year we've made some important gains. The largest increases came in efforts to limit cholesterol, and not driving after drinking. We also saw a slight drop in the percentage of people who smoke.

What's most gratifying to me is that these changes aren't just numbers moving up and down. These figures represent real people – each one percent is slightly more than 1.8 million adults.

So when we find that the number of people trying to avoid eating too many high-cholesterol foods has risen six percentage points, that's significant. It means that in the past year about 11 million adults have made a conscious decision to eat more healthfully.

Prevention Magazine's goal is to provide people with the information they need to protect and promote their own health. The Prevention Index supports that goal by giving us an annual report card on our health behavior. This year's score is a good reminder that we are moving in the right direction.



Sanford T. Beldon
Publisher
Prevention Magazine

PART ONE

THE PREVENTION INDEX, 1989

.....
While those aged 65 or more have the best overall records for practicing good health and safety behavior, change for the better is being led by those in the middle years.

This year's Prevention Index was the highest we've ever recorded.

Our 1989 score was 65.4 out of a possible 100. That's an increase of .6 over the 1988 score of 64.8. And it is nearly four points higher than our score in 1984, the first year.

The Index is a composite score, based on 21 key health-promoting activities. Each activity is weighted for its health impact, and the total values are adjusted to a scale of 100. So an Index score of 100 would mean that everyone was doing all 21 preventive acts; zero would mean that no one was doing any of them. (For details on computing the Index, see the Appendix.)

The chart shows the 21 behaviors that comprise the Index, listed in order of decreasing importance as rated by a panel of public health experts. The first column of numbers shows the percentage of adults who practice each behavior, followed by the experts' rating on its importance for preventing disease and promoting health. The last column shows how much each behavior contributes to the Index score.

KEY GAINS AND LOSSES

This year's survey showed improvement in several areas. The two biggest increases came in ef-

orts to limit consumption of high-cholesterol foods, and in not driving after drinking.

One encouraging aspect of these changes is that both cholesterol and drunk driving have received special attention in the last year. Public awareness of these issues has increased substantially, and it appears to have had an impact on individual behavior.

Seat belt use continued to increase, as it has in every previous survey, reaching the 60 percent level. And there was a slight one-point increase in the number of people who say they always obey the speed limit.

Another hopeful change came in smoking cigarettes. The number of adults who say they smoke - 26 percent - was the lowest ever recorded in a Harris survey. And while the two-point drop from last year is not statistically significant, it bears close watching.

The biggest drop from the 1988 survey was the six-point decline in the number of people who try to limit their sodium consumption. The survey can't tell us why this change occurred, but it may be due to an increased understanding that sodium is a key contributor to high blood pressure only in salt-sensitive individuals.

THE PREVENTION INDEX, 1989

Health-Promoting Behavior	Adults Practicing (%)	Experts' Rating, Scale 1-10	Value Contributed to Index
1. Do Not Smoke	74	9.78	4.4
2. Avoid Smoking in Bed	90	9.24	5.0
3. Wear Seat Belt	60	9.16	3.3
4. Avoid Driving After Drinking	81	9.03	4.4
5. Smoke Detector in Home	81	8.53	4.2
6. Socialize Regularly	84	8.31	4.2
7. Frequent Strenuous Exercise	36	8.20	1.8
8. Drink Alcohol Moderately	90	8.15	4.4
9. Avoid Home Accidents	82	8.07	4.0
10. Limit Fat in Diet	54	7.82	2.5
11. Maintain Proper Weight	21	7.71	1.0
12. Obey Speed Limit	56	7.65	2.6
13. Annual Blood Pressure Test	83	7.62	3.8
14. Control Stress	69	7.58	3.1
15. Consume Fiber	60	7.41	2.7
16. Limit Cholesterol in Diet	48	7.15	2.1
17. Adequate Vitamins/Minerals	57	7.12	2.4
18. Annual Dental Examination	71	7.08	3.0
19. Limit Sodium in Diet	48	7.04	2.0
20. Limit Sugar in Diet	47	6.90	2.0
21. 7-8 Hours Sleep/Night	62	6.71	2.5
Prevention Index			65.4

PART ONE

More worrisome was the three-point dip in the percentage of people who maintain their proper weight. Despite all the diet books and programs, weight control remains a problem for a majority of Americans, and we manage to maintain our status as the fattest nation on earth.

IS EVERYONE IMPROVING?

The gains in the Prevention Index that have been recorded over the years mean that America, as a nation, is making progress in good health behavior. But not every group has shared equally in that progress.

Consider, for example, the crucial areas of limiting dietary fat and cholesterol. Since our first Index report in 1984, there has been no change in the percentage of people trying to limit fat consumption. There has been a six-

point jump in the percentage trying to limit cholesterol, all of which occurred during the past year.

But when these behaviors are examined by age group, a different picture emerges. Over the past six years, adults under the age of 35 have registered a five-point drop in efforts to limit fat, and those in the 65+ age group have shown an eight-point decline. By contrast, people aged 35 to 64 have made a four-point *gain* in limiting their fat consumption.

A somewhat similar picture emerges with cholesterol avoidance. Over the same six-year period, people under 35 have shown a modest two-point gain, while those over 65 had a one-point drop. But those in the middle – people aged 35 to 64 – registered a substantial 10-point jump in efforts to limit cholesterol.

These results correspond with what we've found in other areas. While those aged 65 or more have the best overall records for practicing good health and safety behavior, change for the better is being led by those in the middle years. And we still have not found the way to motivate young adults to start good health behavior – especially in dietary habits – before they start having problems.

PREVENTION INDEX SCORES

1984.....	61.5
1985.....	63.2
1986.....	64.1
1987.....	65.2
1988.....	64.8
1989.....	65.4

PREVENTION IN AMERICA 6:

STEPS PEOPLE TAKE – OR FAIL TO TAKE – FOR BETTER HEALTH, SUMMARY

This sixth annual nationwide survey of the American public was commissioned by *Prevention* Magazine, published by Rodale Press, as part of its ongoing project known as the Prevention Index. The Prevention Index is an annual measure of the effort Americans are making to prevent accidents and disease and to promote good health and longevity.

To discover which health and safety habits Americans are practicing, Louis Harris and Associates interviewed 1,250 randomly selected adults across the country by telephone, from November 9 through November 23, 1988. The interviews concentrated on important risk factors and habits believed to influence the long-term morbidity and mortality rates of the American people. Twenty-four key factors have been included in each of the six annual surveys.

The findings from the 1988 survey, when compared to the results of the surveys from 1983 through 1987, clearly reveal areas where the nation is progressing and areas where the nation is standing still or falling behind. With each additional year's data, this series of surveys grows in its power to illuminate a preventive health agenda for the nation.

In addition to tracking key trends, the 1988 survey also undertakes three special tasks. First, it examines *measures people take to lose weight*, by asking

questions on specific practices and by comparing responses of those who have tried to lose weight and those who have not. Second, it looks at *knowledge and motivation* of Americans with respect to prevention. Third, it examines *external influences* on prevention behavior, such as insurance discounts for health habits and employer assistance in staying healthy.

SURVEY ACCURACY

Surveys are subject to several sources of error. The most important are:

- *Nonresponse*, if those who are interviewed differ from those who are not interviewed.
- *Random or sampling error*, which may in theory be substantial, even on very large surveys.
- *Question wording*, particularly where the survey is measuring an attitude or a future intention and not a "fact." Several equally good questions may yield different (and equally valid) responses. In addition, question sequence can influence the responses, particularly to attitude questions.

Despite these possible sources of error, the results presented in this report do reflect the most reliable information available. And the 1988 survey, along with its earlier counterparts, provides one of the most comprehensive time-series assessments of health and safety factors ever obtained from

national cross sections of Americans.

PUBLIC RELEASE OF SURVEY FINDINGS

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report is available.

PROJECT RESPONSIBILITY AND ACKNOWLEDGEMENTS

The chief analyst of this project was Xiaoyan Zhao, Ph.D., Research Associate. She worked under the supervision of Humphrey Taylor, President, and Louis Genevie, Ph.D., Vice President.

Louis Harris and Associates would like to thank *Prevention* magazine for commissioning this research. We would like to thank Robert Rodale, editor of *Prevention*, Sanford T. Beldon, *Prevention's* publisher, and Tom Dybdahl, who manages the project for *Prevention*, for their continued support.

Louis Harris and Associates is responsible for final determination of the topics, question workings, collection of the actual data, and analysis and interpretation of the report.

Louis Harris and Associates, Inc.

PART TWO

SURVEY HIGHLIGHTS

Many Americans have made progress in practicing preventive health habits in the 1980's. Of the twenty-four behavior items the *Prevention* survey series always measures, the average adult American practices approximately two-thirds. The oldest group of Americans is the most likely to practice more than three-quarters of the preventive habits, while the youngest group is the least likely to do so. The major findings of this year's survey are reported below.



NONSMOKING, AND RESTRICTED USE OF ALCOHOL AND DRUGS

1. The proportion of adults who say they smoke cigarettes has fallen to 26 percent. This is the lowest smoking rate ever registered in a Harris survey that measured this trend. By approximately 15 percentage points, the average smoking rate in the 1980's is lower than that of the early 1970's. The rate in 1988 is significantly lower than in 1983, when the smoking rate was 30 percent.

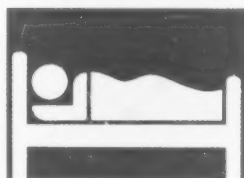
2. Eleven percent of adults are heavy drinkers. They drink four or more alcoholic beverages on days when they drink. This rate has changed little since 1983. However, 39 percent of adults say they never consume alcohol. This is an increase of five percentage points from 1983 and an increase of three points from 1987. Fifty percent of adults are moderate

drinkers, which means they do not exceed three drinks on days when they drink.

- The least advantaged educational, income and occupational groups in American society tend to be either nondrinkers or heavy drinkers of alcohol, while the most advantaged social groups have a strong tendency to be moderate drinkers.

3. Five percent of adults admit they use recreational drugs. This is a decrease of four percentage points from 1984, when the question was first asked.

- The biggest drop in drug use is among young adults; in 1984 two out of ten people under 30 said they used drugs; in 1988 only one out of ten say they use drugs.



FEELINGS OF STRESS

4. Stress in American society appears to be on the rise. In 1983, 55 percent of adults reported feeling under great stress at least once a week. This proportion has risen to 63 percent in 1988.

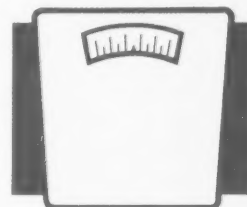
- Eighteen percent of adult Americans say they feel under great stress almost every day, 15 percent feel it several days a week, and another 30 percent at least once a week.

- Those with the lowest and highest household incomes are the most likely to feel under great stress at least several days a week.

5. Those feeling under great stress

at least several days a week are more likely to say they take conscious steps to control stress (75%) than those who feel stress less frequently (66%). However, one out of four adults who feels under stress at least several days a week does not take steps to reduce stress.

- Those under stress frequently are less likely to sleep seven or eight hours a night and less likely to socialize at least once a week compared to those feeling stress less frequently.



WEIGHT CONTROL

6. This year's survey has found the largest proportion ever of overweight American adults (64%). Previous *Prevention* surveys reported the percentage of overweight Americans to be approximately 60 percent.

- Thirty-six percent of Americans are at least 10 percent over the weight range recommended for their height, body build and sex - up six percentage points from 1983 (30%) and four percentage points from 1987 (32%).

- Twenty-one percent of adults are within the proper weight range, a drop of three percentage points from 1987, and two points from 1983. The proportion within the recommended weight range does not exceed 30 percent in any of the demographic subgroups.

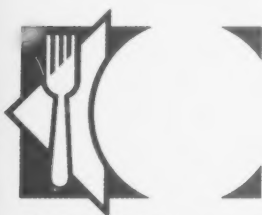
- Only 15 percent of adults are underweight in 1988, compared to 19 percent in 1983.

SURVEY HIGHLIGHTS

7. Fully 20 percent of the adult population are overweight yet do not feel overweight.

8. Sixty-two percent of those who feel overweight tried to lose weight during the month prior to the survey, but only 48 percent of those who are overweight tried to do so.

9. Majorities of those who have tried to lose weight have resorted to measures such as gaining more self-control (77%), cutting down on sugar (75%), and cutting down on red meat (67%).



DIET AND NUTRITION

10. Progress has been made in avoiding a high-cholesterol diet. Forty-eight percent of adults say they "try a lot" to avoid eating too many high-cholesterol foods, up six percentage points from 1983 and 1987.

● In addition, 48 percent of American households bought low-fat or low-cholesterol food products during the month prior to the survey, up nine percentage points from 1987 and twelve percentage points from 1986.

11. A decline in effort has occurred in at least four of the eleven diet and nutrition areas.

● The proportion of adults who say they "try a lot" to get enough vitamins and minerals dropped six percentage points, from 63 percent in 1983 to 57 percent in 1988.

● The proportion saying they "try a lot" to avoid eating too much salt (48%) and the proportion (47%) saying they "try a lot" to avoid eating too much sugar and sweet food are both lower in 1988 than in 1983 and 1987.

● Only 28 percent of adults now say they "try a lot" to eat fish twice a week, compared to 34 percent in 1985 when the question was first asked.



EXERCISE

12. The percentage of people who engage in strenuous exercise at least three times a week has changed little in the past six years: 36 percent in 1988, compared to 34 percent in 1983, and 35 percent in 1987. About three out of ten Americans are still weekend athletes, i.e., they exercise strenuously only one day a week or less.

13. The proportion of American adults who walk for exercise frequently has increased.

● Over half (52%) say that they walked at least several times a week during the month prior to the survey, compared to 47 percent in 1987 and 49 percent in 1986.

● Among those who walk, the proportion usually walking more than a mile and the proportion walking more often than the year before have both increased over the years.

14. Factors which people say would help them become more involved in regular exercise include:

● Doctor's recommendation (85%);

● A need to lose weight (75%);

● Less expensive exercise facilities (56%) and greater availability of exercise facilities (51%);

● A workplace fitness program (55%) and more flexible scheduling of one's work day (53%); and

● Friends' involvement in exercise (49%).

SAFETY PRECAUTIONS

15. Sixty percent of adults say they wear seat belts all the time when they are in the front seat of a car. This reflects a rising trend since the 1983 survey, when only 19 percent reported wearing seat belts all the time. Compared to the last Prevention survey in 1987, this figure reflects an increase of three percentage points.

● Sixty-three percent of adults living in states with seat belt laws report seat belt usage all the time, compared to 38 percent of adults in states without seat belt laws.

● Thirteen percent of adults in the nation still say they never wear a seat belt. This rate is 29 percent in states without seat belt laws.

16. The level of seat belt use is particularly important because 49 percent of drivers do not drive at or below the speed limit "all the time." This is a rise of six percentage points from 1983.



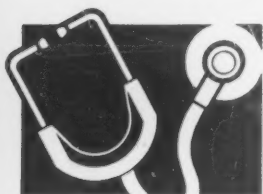
17. Sixty percent of adults say they never drive after drinking, and another 18 percent say they do not drink. This 78 percent represents an increase of 10 percentage points over the level recorded in 1983 and an increase of four points over 1987.

18. Eighty-one percent report they have smoke detectors at home, compared to 67 percent in 1983 and 82 percent in 1987. While the gaps between social groups in home smoke detector adoption had been considerably narrowed between 1983 and 1986, the gaps existing two years ago have not been reduced.

SURVEY HIGHLIGHTS

Thirty-seven percent of Hispanics and 32 percent of those with less than a high school education still do not have smoke detectors in their homes – the same as two years ago.

19. Ninety percent say that no one in their household smokes in bed, a stable trend since 1983.



REGULAR MEDICAL EXAMS

20. The proportion of adults having a blood pressure reading at least once a year (83%), the proportion having a cholesterol test at least once a year (49%) and the proportion visiting a dentist at least once a year (71%) all represent little change since this series of surveys began.

21. The proportions of women having regular Pap smears and breast self-exams have increased, however. Seventy-nine percent of adult women report having a Pap smear to detect cancer at least every two years, compared to 75 percent in both 1983 and 1987. The proportion of women doing breast self-exams on a monthly basis has also increased over the years, to 51 percent in 1988 – up

14 percentage points from 1983 and nine points from 1987.



EXTERNAL INFLUENCES ON BETTER HEALTH HABITS

22. Twenty-seven percent of adults say their family health insurance plan provides a discount for those who do not smoke or who exercise regularly. But 45 percent say their insurance does not have such a discount and fully 22 percent do not know if their insurance has this discount. Those having such a discount are more likely to be nonsmokers, to get strenuous exercise frequently and to maintain desirable body weight than those without the discount.

23. Of people currently employed, 24 percent say their employer provides some assistance to help them stay healthy, such as weight control counseling, an exercise program or help to stop smoking. But three out of four report no such assistance. People whose employer provides programs to help them stay healthy are more likely to be nonsmokers, moderate drinkers, and to exer-

cise regularly than people without such assistance.

KNOWLEDGE AND MOTIVATION

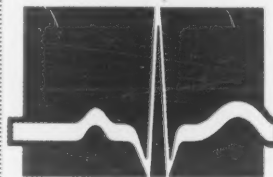
24. This survey finds that many Americans, particularly those with lower levels of education and income, are still not knowledgeable about what to do to stay healthy, and are not motivated enough to practice good health habits.

● Fifty-one percent of Americans feel that "there are so many different reports of what kinds of food increase or decrease your risk of heart disease that I don't know what I should or should not eat."

● Fifty-three percent agree with the statement that "these fads about physical fitness come and go, and I'm not impressed by this current emphasis on it."

● About three out of ten people (28%) express a sense of confusion about what they "should do to stay healthy."

● Approximately half of adults (49%) say they would like to exercise and eat better, but just cannot get themselves to do it.



SURVEY HIGHLIGHTS

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS

(1983 - 1988)

Base	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %	1988 Survey 1250 %	Percentage Point Change From 1983 Survey
<u>Nonsmoking and</u>							
<u>Restricted Use of Alcohol</u>							
Do not smoke cigarettes	70	72	70	72	72	74	+4
Drink alcohol moderately	54	57	55	56	50	51	-3
(Drink moderately or do not drink at all)	89	87	88	88	86	90	+1
<u>Exercise and Weight Control</u>							
Get strenuous exercise three or more days a week	34	33	31	33	35	36	+2
Are within the weight range recommended for their height, build and sex*	23	22	21	23	24	21	-2
(Are not overweight)	42	39	38	41	40	36	-6
<u>Diet and Nutrition</u>							
Try a lot to get enough vitamins and minerals	63	57	63	63	59	57	-6
Try a lot to eat enough fiber	59	58	59	59	60	60	+1
Try a lot to avoid eating too much fat	55	59	56	56	54	54	-1
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	48	-5
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	47	-4
Try a lot to get enough calcium	50	45	57	57	54	53	+3
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	42	48	+6
<u>Control of Stress</u>							
Socialize with friends or relatives once a week or more	84	85	85	81	83	84	0
Get seven or eight hours sleep most nights	64	63	64	65	61	62	-2
Take specific steps to control or reduce stress	59	70	69	64	68	69	+10
<u>Periodic Examinations and Tests</u>							
Have a blood pressure reading at least once a year	82	85	86	84	84	83	+1
Have a dental checkup at least once a year	71	73	74	76	75	71	0
Women who have a Pap smear test every one or two years	75	77	78	80	75	79	+4
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	42	51	+14
<u>Safety Precautions</u>							
Say that no one in their home smokes in bed	88	89	91	91	92	90	+2
Say they take specific steps to avoid accidents in and around the home	72	81	80	80	81	82	+10
Say they have a smoke detector in their home	67	74	76	77	82	81	+14
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	50	51	-5
Drivers who say they either never drive after drinking or don't drink at all	68	68	72	74	74	78	+10
Say they wear seat belts all the time when in the front seat of a car	19	27	41	55	57	60	+41

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1047 (1984), 1061 (1985), 1022 (1986), 1008 (1987), 1031 (1988).

SECTION ONE

GOOD HEALTH HABITS



The practice of preventive health habits appears to be related to health status. Those who practice the most preventive health habits are more likely to be in excellent health than those who practice the fewest.

There have been both improvements and declines in individual preventive health habits over the years, but the trend in overall prevention behavior in America has been stable.

Today, 24 percent of American adults practice more than three-quarters of the 24 key preventive habits surveyed, 79 percent practice more than half and 22 percent practice half or less. The average adult American practices approximately two-thirds of all preventive habits.

Demographic groups most likely to practice more than three-quarters of all preventive habits include: those living in the Western region of the country, suburban residents, women, blacks, college graduates, people with the highest income, professionals, managers and proprietors.

It is worth noting that the oldest group (age 65 and over) is the most likely to practice more than three-quarters of the preventive

habits, while the youngest group (age 18 to 24) is the least likely to do so.

SUBJECTIVE HEALTH EVALUATION

One out of four Americans describes his or her health as "excellent," one out of three as "very good," one out of four as "good," 12 percent as "fair," and three percent as "poor" (Table 1-1).

The practice of preventive health habits appears to be related to health status. Those who practice the most preventive health habits are more likely to be in excellent health than those who practice the fewest (34% vs. 17%).

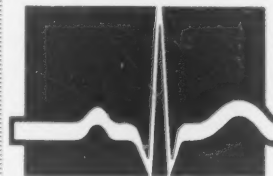


TABLE 1-1
SELF-REPORTED HEALTH STATUS BY PREVENTIVE HABITS

		Preventive Habits		
		Those Who Practice 50% Or Less	Those Who Practice 51%-75%	Those Who Practice 76% Or More
Base	Total 1250 %	262 %	682 %	306 %
<u>Health Status</u>				
Excellent	25	17	24	34
Very good	34	32	36	31
Good	25	29	25	23
Fair	12	17	12	9
Poor	3	4	3	2

SECTION TWO

WEIGHT CONTROL



Recognition that one is overweight is an important step toward trying to lose weight.

Weight control is a problem for most American adults. This year's survey has found the largest proportion ever of overweight Americans - 64 percent. Further, 36 percent of Americans are at least 10 percent over the weight range recommended for their height, body build, and sex - up six percentage points from 1983 and four percentage points from 1987.

Table 2-1 shows that 21 percent of adults are within the proper weight range, a drop of three points from 1987, and two points from 1983. There has also been a steady decline in the proportion of underweight Americans. Only 15 percent of adults were underweight in 1988, compared to 19 percent in 1983.

Among those who are more likely to keep their weight within the recommended range are peo-

ple in the East and West, suburban residents, people in their 30's and 40's, college graduates, and those who practice more than three quarters of all preventive habits (Table 2-2). However, the proportion within the recommended weight range does not exceed 30 percent in any demographic subgroup, which shows the pervasiveness of the weight control problem in this country.

FEELING OVERWEIGHT AND TRYING TO LOSE WEIGHT

Weight control becomes more problematic when those who are overweight *do not feel* overweight. Fully 20 percent of the adult population falls into this category. (On the other hand, 16 percent of the population is underweight yet feel that they are about the right weight or even overweight.)

TABLE 2-1
TRENDS IN WEIGHT CONTROL

Base: Age 25 and older and classifiable

Base	1983 Survey 995 %	1985 Survey 995 %	1987 Survey 1061 %	1988 Survey 1008 %
<u>Overweight</u>				
Total	58	62	59	64
30% or more above range	6	8	7	8
20-29.9% above range	9	7	8	10
10-19.9% above range	15	14	17	18
5-9.9% above range	13	16	14	15
Up to 4.9% above range	16	16	13	14
<u>Within Recommended Range</u>	23	21	24	21
<u>Underweight</u>				
Total	19	17	16	15
Up to 4.9% below range	9	9	8	8
5-9.9% below range	6	4	5	5
10% or more below range	4	4	3	2

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1061 (1985), 1008 (1987), 1031 (1988).

WEIGHT CONTROL

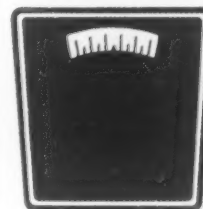
TABLE 2-2
PERCENT OF ADULTS WHO KEEP THEIR WEIGHT WITHIN THE
RECOMMENDED RANGE

Base: Age 25 and older and classifiable

	<u>Base</u>	<u>%</u>
<u>Total</u>	1031	21
<u>Region</u>		
East	258	27
South	315	17
Midwest	258	16
West	200	26
<u>Urbanism</u>		
Central City	307	18
Rest of metropolitan area	479	25
Outside metropolitan area	245	17
<u>Sex</u>		
Male	476	20
Female	555	22
<u>Race</u>		
White	898	22
Black	64	16**
Hispanic	47	22 [~]
<u>Age</u>		
18-29 years	161	22
30-39 years	287	27
40-49 years	190	24
50-64 years	234	15
65 and over	159	15
<u>Education</u>		
Not high school graduate	143	16
High school graduate	358	18
Some college	249	20
Four-year college graduate	280	28
<u>Household Income</u>		
\$7,500 or less	67	19**
\$7,501-\$15,000	116	9
\$15,001-\$25,000	194	22
\$25,001-\$35,000	231	20
\$35,001-\$50,000	171	23
\$50,001 and over	161	29
<u>Occupation</u>		
Blue-collar labor, service	249	18
Clerical, sales	146	29
Professional, manager or proprietor	290	25
<u>Self-Described Health Status</u>		
Excellent	257	27
Very good or good	611	21
Fair or poor	160	14
<u>Preventive Habits</u>		
Those who practice 76% to 100%	278	29
Those who practice 51% to 75%	556	19
Those who practice 0% to 50%	197	15

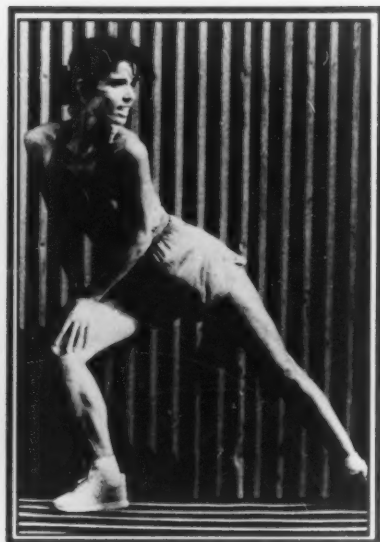
**Caution due to small base

Recognition that one is overweight appears to be an important step toward trying to lose weight. Sixty-two percent of those who *feel* overweight have tried to lose weight during the month prior to the survey, but only 48 percent of those who *are* overweight have tried to do so.



SECTION THREE

EXERCISE



About five out of ten Americans are still weekend athletes; they exercise strenuously only one day a week or less.

The proportion of people who engage in strenuous exercise* frequently has been relatively stable: 36 percent in 1988, compared to 34 percent in 1983, and 35 percent in 1987 (Table 3-1). About three out of ten Americans are still weekend athletes; they exercise strenuously only one day a week or less.

The groups most likely to get frequent strenuous exercise include: men, younger people, those who are better educated, those in households with incomes over \$50,000 and those describing their health as excellent. People in the West are also more likely to exercise strenuously than those in the rest of the nation.

The demographic pattern in the case of strenuous exercise is not necessarily true in the case of walking. People who are 65 and older and people in households with the lowest income are actually the most likely to walk several times a week or more. Women are also slightly more likely than men to walk for exercise several times a week or more.

It is commonly assumed that exercise leads to fitness and desirable body weight. This survey finds that people who get strenuous exercise three days a week are less likely to be overweight than those who do not (53% vs. 57%). But one might have expected a larger margin of difference than four points.

MOTIVATORS FOR REGULAR EXERCISE

Factors which should help people become more involved in regular exercise include:

- Doctor's recommendation (85%);
- A need to lose weight (75%);
- Less expensive exercise facilities (56%) and greater availability of exercise facilities (51%);
- A workplace fitness program (55%) and more flexible scheduling of one's work day (53%); and
- Friends' involvement in exercise (49%).

Although most people say that they would get involved in regular

TABLE 3-1
FREQUENCY OF STRENUOUS EXERCISE

Base	1983 Survey 1254 %	1985 Survey 1256 %	1987 Survey 1250 %	1988 Survey 1250 %
Never	24	21	24	19
Less than 1 day a month	6	8	6	6
1 to 3 days a month	9	13	10	11
1 day a week	13	16	14	13
2 days a week	12	11	11	13
3 days a week	13	13	15	15
4 to 5 days a week	9	10	11	12
6 to 7 days a week	12	8	9	9
	34	31	35	36

*Strenuous exercise is defined as exercising so that "you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least 20 minutes."

EXERCISE

TABLE 3-2
PERCENT WHO SAY VARIOUS FACTORS WOULD HELP THEM
GET MORE INVOLVED IN REGULAR EXERCISE

Base: Those who do not exercise strenuously at least three times a week

Base	Total 786 %	Age		Those Feeling Overweight %
		Under 50 487 %	50 or Older 288 %	
If you needed to lose weight	75	82	64	79
Greater availability of exercise facilities	51	59	40	55
More flexible scheduling of your work day	53	65	34	54
If your doctor recommended it	85	88	80	83
If your friends began doing it	49	57	36	51
Less expensive exercise facilities	56	65	41	61
If a fitness program were begun at work	55	70	32	59

exercise if they needed to lose weight, it does not necessarily mean that they will actually do it. About half of those feeling overweight do not walk for exercise frequently, and two out of three do not exercise strenuously on a regular basis.



SECTION FOUR

NUTRITION



We have made gains in getting calcium and limiting cholesterol, but declined in efforts to limit salt and sugar.

Only a small number of adult Americans are highly conscious of all aspects of diet and nutrition. Seventeen percent of adults report "trying a lot" in eight or more of the eleven key diet and nutrition areas (Table 4-1). About one out of four say they "try a lot" in only two or fewer of these areas.

Majorities do report that they "try a lot" in regard to five dietary practices. These include: eating vegetables in the cabbage family (60%), eating enough fiber (60%), getting enough vitamins and minerals (57%), avoiding eating too much fat (54%), and getting enough calcium (53%).

Areas of least effort include eating fish twice a week (28%), avoiding caffeine (33%), and avoiding foods containing additives (35%).

DIETARY GAINS AND LOSSES

One area of significant gain is cholesterol. Forty-eight percent of adults say they "try a lot" to avoid eating too many high-cholesterol foods such as eggs, dairy products and fatty meat, up six percentage points from 1983 and 1987. In addition, 48 percent of American households bought low-fat or low-cholesterol food products during the month prior to the survey.

A decline in effort has occurred, however, in four of the eleven nutrition areas measured. The proportion of adults who say they "try a lot" to get enough vitamins and minerals dropped six percentage points from 63 percent in 1983 to 57 percent in 1988. The proportion saying they "try a lot" to avoid eating too much salt and the proportion saying they "try a lot" to avoid too much sugar and sweet food are both lower in 1988 than in 1983 and 1987. Another

change is that only 28 percent of adults say they "try a lot" to eat fish twice a week, compared to 34 percent in 1985 when the question was first asked.

The survey does not explain why changes have occurred in the above areas. It is possible, however, that the media coverage of ocean dumping and pollution has produced a cautious reaction to fish consumption. Increased attention to the danger of high cholesterol in the American diet could have increased the avoidance of cholesterol.

NUTRITION AND WEIGHT CONTROL

Controlling one's weight is a motivation for eating right. Those who have attempted to lose weight are more likely than those who have not to "try a lot" to follow current guidelines for weight control:

- Avoiding too many high-cholesterol foods (56% vs. 43%);
- Avoiding too much salt or sodium (55% vs. 43%); and
- Avoiding too much fat (60% vs. 51%).

Those who have tried to lose weight are also more likely to "try a lot" to avoid eating too much sugar and sweet food (51% vs. 45%). But one might have expected more than 51 percent of the weight watchers to "try a lot" to avoid excessive sugar, since excessive sugar consumption can contribute substantially to the overweight problem.

NUTRITION AND EXERCISE

Thirty-six percent of adult Americans report getting strenuous exercise at least three times a week. Are the same people also nutrition-conscious? Are exercise

NUTRITION

TABLE 4-1
TRENDS IN SOME KEY ASPECTS OF DIET AND NUTRITION

Base	Those Who Try a Lot					
	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %	1988 Survey 1250 %
Get enough vitamins and minerals in foods or in supplements	63	57	63	63	59	57
Eat enough fiber from whole grains, cereals, fruits and vegetables	59	58	59	59	60	60
Avoid eating too much fat	55	59	56	56	54	54
Avoid eating too much salt or sodium	53	54	54	57	54	48
Avoid eating too much sugar and sweet food	51	52	50	49	49	47
Get enough calcium in food or in supplements	50	45	57	57	54	53
Avoid eating too many high-cholesterol foods, such as eggs, dairy products and fatty meats	42	43	42	46	42	48
Avoid caffeine in beverages such as coffee, tea and certain soda pop	x	34	37	34	34	33
Avoid foods that contain additives, such as preservatives, colorings and artificial flavorings	x	37	33	36	36	35
Eat fish twice a week	x	x	34	31	33	28
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts and cauliflower	x	x	62	65	59	60

x = Not asked.
Note: Seventeen percent of adults "try a lot" in eight or more of the eleven areas; 53% in three to seven areas; and 24% in two or fewer of the areas.

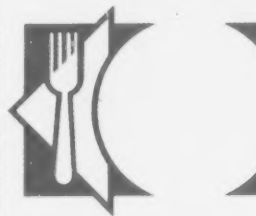
and nutrition habits related, or are they independent of each other?

Only a small proportion (7%) of the population get strenuous exercise regularly and score high on the nutrition index, i.e., to "try a lot" in at least eight of the eleven nutrition areas. Twenty-seven percent of the population exercise regularly but do not score high on the nutrition dimension. On the other hand, there are also those who score high on nutrition but do not get strenuous exercise regularly - they make up nine percent of the population. Half of the population neither get strenuous exercise regularly nor score high on nutrition.

A closer look at these four categories (Table 4-2) reveals that good nutrition and strenuous exercise are practiced by different

demographic groups. Women are more likely to be conscious of nutrition whereas men are more conscious of exercise. People under 30 are the least likely to be conscious of nutrition but the most likely to be conscious of exercise.

Even for those whose body weight is within the recommended range, nutrition and exercise are not related behavior. In this group, 10 percent get regular strenuous exercise and score high on nutritional behavior, 10 percent score high on nutritional behavior but do not get regular strenuous exercise, and another 30 percent get regular strenuous exercise but do not score high on nutrition.



NUTRITION

TABLE 4-2
NUTRITION/EXERCISE INDEX BY DEMOGRAPHIC CHARACTERISTICS

	Nutrition/Exercise Index*					
	Base		High on Both Nutrition and Exercise	High on Nutrition Only	High on Exercise Only	Not High on Nutrition or Exercise
Total	1250	%	7	9	27	50
Sex						
Male	598	%	5	6	34	46
Female	652	%	8	12	21	53
Age						
18-29 years	309	%	4	1	34	51
30-39 years	310	%	8	9	34	45
40-49 years	202	%	9	12	27	47
50-64 years	244	%	8	13	20	55
65 and over	171	%	7	17	16	51
Education						
Not high school graduate	179	%	5	9	23	55
High school graduate	438	%	7	8	26	51
Some college	309	%	7	8	29	50
Four-year college graduate	322	%	7	13	30	45
Occupation						
Blue-collar labor, service	319	%	5	6	31	48
Clerical, sales	185	%	4	7	28	56
Professional, manager or proprietor	321	%	9	12	29	46
Self-Described Health Status						
Excellent	316	%	9	9	33	45
Very good or good	745	%	6	8	27	52
Fair or poor	186	%	6	14	20	50
Body Weight Index						
Underweight	230	%	4	4	25	59
Within range	251	%	10	10	30	45
Overweight	692	%	7	11	25	50

*Those who score "high" on the nutrition index and exercise strenuously three times a week are "high on both;" those who score "high" on the nutrition index but do not exercise strenuously three times a week are "high on nutrition only;" those who exercise strenuously three times a week but do not score "high" on the nutrition index are "high on exercise only;" and those who do not score "high" on the nutrition index and do not exercise strenuously three times a week are "not high on nutrition or exercise."

SECTION FIVE

REGULAR MEDICAL TESTS



Groups who are more at risk of hypertension are more likely to have their blood pressure taken at least once a year.

Eighty-three percent of adults say they have a blood pressure reading at least once a year. This is almost the same proportion as that of the 1983 *Prevention* survey, but there is a rise of five points since 1983 for those having the test more than once a year.

Groups who are more at risk of hypertension – older people and blacks – are more likely to have their blood pressure taken at least once a year. And 87 percent of women report having an annu

al blood pressure reading, compared to 78 percent of men.

CHOLESTEROL TESTING

Forty-nine percent of adults indicate that they have a cholesterol test at least once a year. This is relatively unchanged since 1985, when 48 percent reported an annual or more frequent test.

Among those who are least likely to have cholesterol testing on an annual basis are rural residents (41%), people under the age

TABLE 5-1
PERCENT OF THOSE WHO TRY A LOT ON VARIOUS DIET AND NUTRITION ASPECTS BY CHOLESTEROL CHECKUP

Base	Those Who Have a Cholesterol Checkup Once a Year or More Often 594 %	Those Who Do Not Have a Cholesterol Checkup Once a Year or More Often 600 %
<u>Percent Who Try a Lot to:</u>		
Get enough vitamins and minerals in foods or in supplements	62	53
Eat enough fiber from whole grains, cereals, fruits and vegetables	69	52
Avoid eating too much fat	63	47
Avoid eating too much salt or sodium	56	40
Avoid eating too much sugar and sweet food	53	42
Get enough calcium in foods or in supplements	59	49
Avoid eating too many high-cholesterol foods, such as eggs, dairy products and fatty meats	61	36
Avoid caffeine in beverages such as coffee, tea and certain soda pop	39	28
Avoid foods that contain additives, such as preservatives, colorings and artificial flavoring	41	30
Eat fish twice a week	34	23
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, cauliflower	65	55

REGULAR MEDICAL TESTS

TABLE 5-2
TRENDS IN TESTS AND SELF-EXAMS FOR WOMEN
Base: Women only

Base	1983 Survey 646 %	1985 Survey 640 %	1987 Survey 634 %	1988 Survey 652 %
<u>Pap Smear</u>				
More often than once a year	18	15	17	15
Once a year	49	54	51	57
Every two years	8	9	7	7
Every three years	4	3	4	3
Every four or five years	3	3	3	3
Every six years or less often	2	3	3	3
Never	13	12	10	9
Not applicable (vol.)	1	1	2	1
Not sure	2	1	2	2
<u>Breast Self-Exam</u>				
At least once a month	37	48	42	51
Several times a year	30	30	29	24
Once a year	9	8	9	7
Less than once a year	4	3	4	3
Never	15	9	13	12
I never do it - doctor does it (vol.)	2	1	2	1
Not applicable (vol.)	*	-	1	*
Not sure	1	1	1	*

*Less than 0.5%

PAP SMEAR AND BREAST SELF-EXAM FOR WOMEN

In 1988, 79 percent of adult women report having a Pap smear to detect cancer at least every two years, compared to 75 percent in both 1983 and 1987 (Table 5-2). The proportion of women doing breast self-exams on a monthly basis has also increased over the last five years, to 51 percent in 1988 - up 14 percentage points from 1983 and nine points from a year ago.

Younger women, women with greater education, and women with higher household income are more likely to have regular Pap smear tests than older women, women with less than a high school education and women with lower household income.

With breast self-exams, however, groups more likely to have these exams are women with less than a high school education and women with lower household income. These findings confirm the patterns found in earlier surveys.

of 30 (35%), people in their 30's (40%), blue collar workers (41%), and clerical and sales people (41%).

Cholesterol testing appears to be associated more with treatment than with prevention. The survey shows that those describing themselves as in "fair or poor" health, and those aged 65 or over, are much more likely to have cholesterol testing on an annual basis than those in "excellent," "very good" or "good" health and those in younger age groups.

People who have annual cholesterol testing also have a stronger tendency than people who have less frequent testing to "try a lot" to:

- Avoid eating too many high-cholesterol foods (61% vs. 36%);
- Avoid eating too much fat (63% vs. 47%); and
- Eat enough fiber (69% vs. 52%).

While those who have annual cholesterol tests tend to take preventive measures to reduce their cholesterol level, there is a sizable number of people, young and in good health, who do not have annual cholesterol checkups nor take measures to eat a low-cholesterol diet.

DENTAL EXAMS

Seventy-one percent of adults report that they go to a dentist for treatment or a checkup at least once a year. This figure has changed little since 1983.

Demographic groups more likely to have a dental checkup include: those under age 50, those with greater education, those with higher income, and those with more prestigious occupations. People reporting "excellent" health are also more likely to have a dental checkup than those with only "fair or poor" health.



SECTION SIX

STRESS



Those with the lowest and highest household income are the most likely to feel under great stress several days a week.

Eighteen percent of adult Americans say they feel under great stress almost every day. An additional 15 percent feel great stress several days a week, and another 30 percent at least once a week (Table 6-1). The experience of stress in American society appears to be on the rise. In 1983, 55 percent of adults reported feeling under great stress at least once a week. This proportion has risen to 63 percent in 1988.

While 28 percent of rural residents report feeling under great stress at least several days a week, this figure rises to 36 percent among urban residents. Women are somewhat more likely to report frequent stress than men (36% vs. 30%), and those in

their 40's more than other age groups (39% vs. 35% or less). Those age 65 and over report the least amount of stress (20%).

Education and occupation also appear to be related to one's feeling of stress. Thirty-two percent of blue collar workers say they feel under great stress several days a week, compared to 38 percent of sales and clerical people and 40 percent of professionals and managers. The proportion of people reporting frequent stress increases as the education level increases, with the highest stress levels among college graduates.

Those with the lowest and highest household income are the most likely to feel under great stress several days a week.

TABLE 6-1
TRENDS IN SOME ASPECTS OF STRESS

Base	1983 Survey 1254 %	1985 Survey 1250 %	1987 Survey 1250 %	1988 Survey 1250 %
<u>Frequency of Stress</u>				
Almost every day	16	14	17	18
Several days a week	12	13	15	15
Once or twice a week	27	33	30	30
Less often than once a week	29	30	27	27
Never	16	10	10	9
Not sure	1	1	1	1
<u>Steps to Control Stress</u>				
Yes, take steps to control	59	69	68	69
No, don't take steps	38	31	30	30
Not sure	3	1	1	1
<u>Sleep</u>				
6 hours or less	25	26	27	27
7-8 hours	64	64	61	62
9 hours or more	10	9	11	10
Not sure	1	*	1	1
<u>Socializing with Others</u>				
Once a week or more	84	85	83	84
Less than once a week	16	15	17	16
Not sure	*	*	1	1

*Less than 0.5%

STRESS

CONTROLLING STRESS

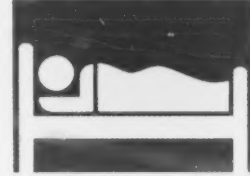
Approximately seven out of ten adults say they consciously take steps to control or reduce stress. In addition, six out of ten report getting seven or eight hours of sleep daily, and eight out of ten say they socialize with friends or relatives at least once a week. There are no dramatic changes in these areas over the last few years.

Those feeling under great stress at least several days a week are more likely to say they take con-

scious steps to control stress (75%) than those who feel stress less frequently (66%). However, one out of four adults who is under great stress frequently does not take steps to reduce it. Furthermore, those under stress frequently are less likely to sleep seven or eight hours a night and less likely to socialize at least once a week, compared to those feeling stress less frequently.

Although college graduates and people with the highest house-

hold incomes are more likely to report getting seven to eight hours sleep, there are no other clear patterns among different social groups in either sleep or socializing.



SECTION SEVEN

SMOKING



Seventy-four percent of adults say they do not smoke cigarettes. This is the lowest smoking rate ever registered in a Harris survey.

Seventy-four percent of adults say they do not smoke cigarettes; 26 percent say they do. This is the lowest smoking rate ever registered in a Harris survey. As Table 7-1 shows, the average smoking rate in the 1980's is considerably lower than that of the early 1970's, by approximately 15 percentage points. The rate fluctuated slightly during the period of 1983 to 1987 without statistical significance. However, the 1988 survey finds the smoking rate to be 26 percent, a significant decrease since 1983 when the smoking rate was 30 percent.

The rates of smoking among men (27%) and women (24%) are still statistically indistinguishable. But the rate of decline in smoking is slightly higher among men than among women in the 1980's, a continuing trend since the 1970's.

The relationship between self-described health and nonsmoking has been persistent in this series of surveys. Among those who report "excellent" health, 84 percent are nonsmokers, compared to 69 percent of those who describe their health as "fair or poor."

The rate of nonsmokers is highest among: people aged 65 and over, people with college education, and people whose household income is above \$50,000. Those under 30 have the lowest rate of nonsmokers (71%) among all age groups.

Nonsmoking also appears to be related to other preventive behaviors such as nutrition and exercise. Those who pay a lot of attention to good nutrition are more likely to be nonsmokers (83%) than those who have a medium or low score on nutrition (73% and 74% respectively). Those who get strenuous exercise frequently are also more likely to be nonsmokers than those who do not (78% vs. 72%).

On the other hand, people with in proper weight ranges tend to smoke more than those who are overweight. Those who feel under great stress frequently tend to smoke more than those who do not.



TABLE 7-1
TRENDS IN SMOKING AND NONSMOKING

Base	1974 1407 %	1975 1556 %	1978 1347 %	1983 1252 %	1984 1252 %	1985 1256 %	1986 1250 %	1987 1250 %	1988 1250 %
Smoke now	43	43	39	30	28	30	27	28	26
Do not smoke	57	57	61	70	72	70	72	72	74
Percent of men smoking cigarettes	47	49	45	33	27	31	29	27	27
Percent of women smoking cigarettes	38	37	33	28	30	29	26	29	24
Difference*	+9	+12	+12	+5	-3	+2	+3	-2	+3

*Smoking rates of men and women are statistically indistinguishable in the 1984 survey and the surveys thereon.

Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

SECTION EIGHT

ALCOHOL AND DRUG USE



People who are overweight are more likely to abstain from alcohol than those who are not overweight. People who are highly conscious of nutrition are also more likely to avoid alcohol.

Thirty-nine percent of adults say they never consume alcohol (Table 8-1). This is an increase of five percentage points from 1983 and an increase of three points from 1987. Fifty percent of adults are moderate drinkers, which means they do not exceed three drinks on days when they drink.

The proportion of nondrinkers is largest among: those in the South, small town and rural residents, women, blacks and Hispanics, those aged 65 and over, and those with the lowest education, income and occupational levels (Table 8-2). These are persistent patterns from earlier surveys.

The socioeconomic patterns observed in regard to nondrinkers are reversed with moderate drinkers. The largest proportion of moderate drinkers is found among people with a college education, those with a household income above \$35,000, and those holding higher level jobs. These are also patterns observed in previous surveys.

The least advantaged educational, income and occupational groups in American society tend to be either nondrinkers or heavy drinkers of alcohol; while the most advantaged social groups have a strong tendency to be moderate drinkers. This unusual

TABLE 8-1
TRENDS IN USE OF ALCOHOL AND DRUGS

Base	1983 Survey 1254 %	1985 Survey 1256 %	1987 Survey 1250 %	1988 Survey 1250 %
<u>Frequency of Alcohol Consumption</u>				
Never	34	33	36	39
Less than 1 day a month	16	15	13	17
1 to 3 days a month	16	20	19	18
1 to 2 days a week	19	19	21	14
3 to 4 days a week	7	6	5	5
5 to 6 days a week	2	2	1	2
Daily/7 days a week	6	4	5	5
Not sure	*	*	*	*
<u>Quantity of Alcohol Consumption</u>				
1 drink	21	22	21	21
2 drinks	23	23	20	21
3 drinks	10	10	9	8
4 drinks	5	4	6	4
5 or more drinks	6	7	8	7
Not sure	1	*	*	*
<u>Recreational Drugs</u>				
Frequently	x	2	*	1
Sometimes	x	7	1	1
Only occasionally**	x	x	4	3
Never	x	91	94	95
Not sure	x	*	-	*

x = Not asked

*Less than 0.5%

**The "only occasionally" category was added in 1987 and 1988.

ALCOHOL AND DRUG USE

TABLE 8-2
PERCENT OF THOSE RESTRICTING THEIR ALCOHOL
AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS

	Base	%	Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately	Never Use Any Recre- ational Drugs
Total	1250	%	39	83	95
<u>Region</u>					
East	312	%	32	82	94
South	387	%	50	81	97
Midwest	311	%	33	79	95
West	240	%	37	90	93
<u>Urbanism</u>					
Central city	379	%	35	82	93
Rest of metropolitan area	572	%	37	83	95
Outside metropolitan area	299	%	48	82	97
<u>Sex</u>					
Male	598	%	32	74	91
Female	652	%	45	92	98
<u>Race</u>					
White	1059	%	36	82	96
Black	87	%	50	90	87
Hispanic	71	%	52	82	95
<u>Age</u>					
18-29 years	309	%	31	68	89
30-39 years	310	%	28	85	92
40-49 years	202	%	36	91	98
50-64 years	244	%	48	91	98
65 and over	171	%	59	93	99
<u>Education</u>					
Not high school graduate	179	%	64	75	95
High school graduate	438	%	45	77	94
Some college	309	%	33	82	93
Four-year college graduate	322	%	21	91	98
<u>Household Income</u>					
\$7,500 or less	105	%	54	78	92
\$7,501-\$15,000	146	%	54	70	95
\$15,001-\$25,000	227	%	43	81	92
\$25,001-\$35,000	273	%	31	79	96
\$35,001-\$50,000	197	%	25	84	94
\$50,001 and over	186	%	24	93	97
<u>Occupation</u>					
Blue-collar labor, service	319	%	38	67	92
Clerical, sales	185	%	30	88	95
Professional, manager or proprietor	321	%	29	88	96
<u>Self-Described Health Status</u>					
Excellent	316	%	31	86	96
Very good or good	745	%	36	80	94
Fair or poor	186	%	62	88	96

demographic pattern suggests that there may exist different standards of social acceptance regarding the use of alcohol among different social strata.

As in the case of cigarette use, people who are overweight are more likely to abstain from alcohol than those who are not overweight. People who are highly conscious of nutrition are also more likely to avoid alcohol. Among drinkers, those who are highly conscious of nutrition are most likely to be moderate drinkers. But exercise behavior has little to do with one's drinking patterns.

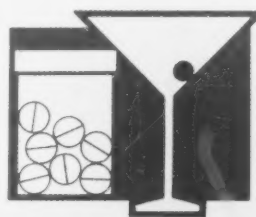
USE OF RECREATIONAL DRUGS

Ninety-five percent of adults say they do not use any recreational drugs such as marijuana, speed and downers (Table 8-1). This represents a four percentage point increase from 1984, when the question was first asked.

The increase in drug abstinence is centered around younger adults. In 1984 eight out of ten people under 30 said they did not use drugs; in 1988 nine out of ten say they do not use drugs. The proportion of nonusers has also increased three percentage points for those in their 30's.

Nonetheless, drug use is somewhat higher among adults under 30, those living in central cities, among males and among blacks. There is no distinct pattern of drug use for various education, income and occupational groups.

Exercise and stress reduction behavior are unrelated to drug abstinence. But people who are highly conscious of nutrition are more likely to abstain from recreational drugs.



SECTION NINE

SAFETY PRECAUTIONS



Those with higher education and income levels are most likely to drive after drinking.

Sixty percent of adults say they wear seat belts all the time when they are in the front seat of a car. This reflects a rising trend since the 1983 survey when only 19 percent reported wearing seat belts all the time. Compared to the 1987 survey, this figure represents an increase of three percentage points.

State laws requiring seat belt use dramatically improve the rate of usage. In 1988, 63 percent of adults living in states with seat belt laws report belt usage all the time, compared to just 38 percent of people in states without such laws.

Despite the gains, 13 percent of adults in the nation still say they never wear a seat belt. This rate

is 29 percent in states without seat belt laws.

HIGHWAY SAFETY

The level of seat belt use is particularly important in light of the fact that 49 percent of drivers do not drive at or below the speed limit "all the time." This is an increase of six percentage points from 1983.

Sixty percent of adults say they never drive after drinking (another 18 percent say they never drink). This 78 percent represents an increase of 10 percentage points over the level recorded in 1983, and an increase of four points over 1987. Hopefully, this upward trend will continue as ideas such as the "designated driver" are pro-

TABLE 9-1
TRENDS IN SOME ASPECTS OF AUTO SAFETY

Base	1983 Survey 1251 %	1985 Survey 1256 %	1987 Survey 1250 %	1988 Survey 1250 %
<u>Wearing Seat Belts</u>				
All the time	19	41	57	60
Sometimes	26	31	27	26
Never	53	28	15	13
Not applicable (vol.)	1	*	*	1
Not sure	*	*	*	*
Base	1983 Survey 1097 %	1985 Survey 1102 %	1987 Survey 1115 %	1988 Survey 1117 %
<u>Driving at or Below Speed Limit</u>				
All the time	56	50	50	51
Sometimes	38	45	45	44
Never	5	5	4	5
Not sure	*	*	-	-
<u>Driving After Drinking</u>				
All the time	5	3	2	3
Sometimes	25	25	23	19
Never	52	59	49	60
Don't drink (vol.)	16	12	25	18
Not sure	2	1	*	*

*Less than 0.5%
Base: Drivers only

SAFETY PRECAUTIONS

TABLE 9-2
TRENDS IN SOME ASPECTS OF SAFETY AT HOME

Base	1983 Survey 1251 %	1985 Survey 1256 %	1987 Survey 1250 %	1988 Survey 1250 %
<u>Precautions at Home</u>				
Yes, take steps	72	80	81	82
No, don't take steps	26	19	18	17
Not sure	1	*	1	1
<u>Smoke Detector</u>				
Have a smoke detector	67	76	82	81
Do not have	32	24	18	19
Not sure	*	*	*	*
<u>Smoking in Bed</u>				
Yes, someone smokes in bed	11	9	8	10
No, no one ever smokes in bed	85	89	88	85
No one in household smokes (vol.)	3	2	4	5
Not sure	*	*	*	*

*Less than 0.5%

have a smoke detector at home, to obey the speed limit when driving, and to avoid driving after drinking. Those who drive after drinking are less likely to have a home smoke detector, less likely to wear a seat belt, and less likely to obey the speed limit.



moted and adopted by a greater number of Americans.

Over the years of this survey, there have been some persistent demographic patterns in auto safety habits. Seat belt usage is highest among Westerners, and those with higher education and income levels. The groups who are most likely to say they *never* exceed the speed limit include people in their 50's or older, those with less education and those in blue collar or service occupations. Concerning driving after drinking, however, those with higher education and income levels are most likely to have practiced this unsafe behavior.

SAFETY IN THE HOME

Efforts to ensure safety at home have improved since 1983. But in some areas this improvement appears to have reached a plateau. Eighty-two percent of adults say they take steps to avoid home accidents (Table 9-2). Although this is an increase of ten percentage points over the proportion in 1983, it is virtually unchanged since 1985. Eighty-one percent report they have smoke detectors at home, compared to 67 percent in 1983 and 82 percent in 1987. Ninety percent say that no one in

their household smokes in bed compared to 88 percent in 1983 and 92 percent in 1987.

There are no distinct demographic patterns in trying to avoid home accidents. But home smoke detectors provide an example of socioeconomic status playing a visible role. Those with greater education, higher income, and more prestigious occupations are more likely to have installed smoke detectors in their homes (Table 9-3). While the gaps between social groups in this adoption had been narrowed considerably between 1983 and 1986, the gaps existent two years ago have not been reduced. Thirty-seven percent of Hispanics and 32 percent of those with less than a high school education still do not have smoke detectors in their homes — about the same as two years ago.

RELATIONSHIP AMONG SAFETY PRACTICES

Aside from the effect of socioeconomic status on one's safety behavior and practices, there seems to be a latent dimension of safety consciousness which also influences these practices.

For example, those who wear a seat belt all the time are more likely than those who do not to

SAFETY PRECAUTIONS

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TABLE 9-3
CHANGE IN USE OF SMOKE DETECTORS FROM 1983 TO 1988

	Have Smoke Detector in Home					
	1983 Survey		1986 Survey		1988 Survey	
	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap
<u>Total Adults</u>	67%		77%		81%	
<u>Urbanism</u>						
Central city	67		77		80	
Rest of metropolitan area	68	3	79	7	85	12
Outside metropolitan area	65		72		73	
<u>Race</u>						
White	70		79		84	
Black	48	22	73	17	72	21
Hispanic	59		62		63	
<u>Age</u>						
18-29 years	70		77		78	
30-39 years	72		81		87	
40-49 years	67	12	78	11	85	11
50-64 years	64		76		78	
65 and older	60		70		76	
<u>Education</u>						
Not high school graduate	52		64		68	
High school graduate	67		74		80	
Some college	75	23	82	20	84	20
Four-year college graduate	71		84		88	
<u>Household Income</u>						
\$7,500 or less	52		68		74	
\$7,501 - \$15,000	58		68		72	
\$15,001 - \$25,000	71		75		81	
\$25,001 - \$35,000	77	28	84	18	85	15
\$35,001 - \$50,000	80		84		87	
\$50,001 and over	76		86		84	

SECTION TEN

INFLUENCES ON BETTER HEALTH



The mere awareness of employer encouragement for better health may be an incentive for practicing healthy habits.

Twenty-seven percent of adults say their family health insurance plan provides a discount for those who do not smoke or who exercise regularly. Forty-five percent say their insurance does not have such a discount, and 22 percent do not know if their insurance has this discount.

The insurance discount for better health habits appears to have an effect on some health-related behaviors. Those having such a discount are more likely to be nonsmokers, to get strenuous exercise frequently, and to maintain desirable body weight than those without the discount. The effect

of this discount on diet and nutrition is less evident.

EMPLOYER ASSISTANCE IN STAYING HEALTHY

Of those currently employed, 24 percent say that their employer provides some assistance to help them stay healthy, such as weight control counseling, an exercise program or help to stop smoking. But three out of four report no such assistance.

Although fewer than four out of ten people with employer assistance report participating in the programs, the mere awareness of employer encouragement for bet-

TABLE 10-1
ATTITUDES TOWARD PREVENTION AND PREVENTION PRACTICES

Base: 1250	Agree %	Disagree %
If I exercise and eat right, I'm almost certain to stay healthy	85	15
I sometimes watch what I eat but not all the time	82	18
I'm willing to spend extra money on things that are healthy for me	75	24
It is very important to me that I feel attractive to the opposite sex	70	29
I think health clubs are important for physical fitness	58	40
These fads about physical fitness come and go, and I'm not impressed by this current emphasis on it	53	45
There are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat	51	48
When I don't exercise or eat right, I feel guilty	51	49
I would like to exercise and eat better, but I just can't get myself to do it	49	50
I am often confused about what I should do to stay healthy	28	72
I used to watch what I eat, but don't anymore	19	80

INFLUENCES ON BETTER HEALTH

TABLE 10-2
PERCENT OF THOSE AGREEING WITH FOUR STATEMENTS ON PREVENTION
BY EDUCATION, INCOME AND OCCUPATION

	Education					Household Income						Occupation		
	Total	Less Than High School	High School Graduate	Some College	Four Year College or Grad School	\$7,500 or less	\$7,501 — \$15,000	\$15,001 — \$25,000	\$25,001 — \$35,000	\$35,001 — \$50,000	\$50,001 — and Over	Professional, Manager, Proprietor	Clerical or Sales	Blue Collar
Base:	1250 %	179 %	438 %	209 %	322 %	105 %	146 %	227 %	273 %	197 %	186 %	321 %	185 %	319 %
Percent Who Agree														
There are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat	51	64	61	47	33	65	64	57	48	46	33	38	49	63
These fads about physical fitness come and go, and I'm not impressed by this current emphasis on it	53	59	57	58	39	59	56	62	52	50	43	47	50	56
I am often confused about what I should do to stay healthy —	28	44	33	23	16	43	36	29	27	25	15	16	28	35
I would like to exercise and eat better, but I just can't get myself to do it	49	56	53	45	41	62	57	51	48	45	42	44	52	55

ter health may be an incentive for practicing healthy habits. People whose employer provides programs to help them stay healthy are more likely to be nonsmokers, moderate drinkers, and to exercise regularly, than people without such assistance. People who receive employer assistance show better eating habits in three out of the seven diet and nutrition areas.

KNOWLEDGE AND MOTIVATION

Previous surveys have shown that *media* messages on prevention reach a significant fraction of all social groups. But this survey also finds that many Americans are still not knowledgeable about what to do to stay healthy, and

are not motivated enough to practice health habits.

Fifty-one percent of Americans agree that "there are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat" (Table 10-1). Furthermore, 53 percent agree with the statement that "these fads about physical fitness come and go, and I'm not impressed by this current emphasis on it." About three out of ten people (28%) express a sense of confusion about what they "should do to stay healthy." People with lower levels of education, income and occupation are more likely to express feelings of indifference and

confusion (Table 10-2).

Approximately half of adults (49%) say they would like to exercise and eat better, but just cannot get themselves to do it. Again, people with lower socioeconomic status are more likely to say they would like to exercise and eat better, but just cannot get themselves to do it.

Although institutionalized prevention efforts such as insurance incentives and workplace programs have yet to become pervasive, they have already proven to be effective in encouraging better health practices. They may also serve as a "push" for those who would like to practice health habits but lack initiative.

APPENDIX

PROCEDURES FOR COMPUTING THE PREVENTION INDEX

The Prevention Index is developed from information collected by Louis Harris and Associates, Inc. in two national surveys:

1. Self-reported practice of preventive health and safety behaviors based on a national probability sample of 1,250 adults in the continental United States 18 years of age and older.
 2. Ratings on the relative importance of each of these behaviors for preventing disease and disability in the general population (scale of 1 to 10), as determined by a sample of 103 representative experts in disease prevention and health promotion.
- Twenty-one of the behaviors measured in the Harris national probability survey of adults were selected for inclusion in the Prevention Index according to the following criteria:
1. A documented relationship between the health behavior and disease or disability as published in the professional literature.
 2. Behaviors that are relevant to the entire adult population.

3. Behaviors that can be controlled or affected by individuals (therefore, the exclusion of important environmental determinants of health such as exposure to air pollution or industrial toxins).

Currently accepted standards of practice for each behavior were determined by thorough review of the professional literature and consultation with experts. Those standards were used to compute the practice frequencies for each of the Index health behaviors.

For continuous variables (for example, moderate alcohol consumption, exercise or frequency of dental examination), practice was determined by the prevailing consensus in the relevant professional literature and from personal consultation with researchers and spokespersons of professional organizations. For those behaviors with no clear consensus on a minimum compliance level (for example, taking steps to control stress or restricting cholesterol intake), practice was defined in terms of either always engaging in the behavior (taking steps to control stress) or trying a lot

(restricting cholesterol intake). The practice definitions for each health and safety behavior and relevant documentation are presented in the Prevention Index technical report.

The Index is computed on a scale of 0 to 100, with 100 representing 100 percent of the adult population of the continental United States age 18 and over practicing all of the 21 key health behaviors. The Index is calculated by:

1. Multiplying the percentage of the adult population who report engaging in each health behavior by its experts' rating;
2. Adding the 21 products together;
3. Adjusting the resulting total to a scale of 100.

A detailed description of the development and computation of the Prevention Index and related analyses is presented in the technical report, "The Prevention Index: A Report Card on the Nation's Health," available from *Prevention Magazine*.

A NOTE ON SURVEY METHODS

The 1988 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 9 to November 23, 1988. The overall completion rate for this survey was 60 percent of eligible households reached. The 40 percent

noncompletion rate includes initial refusals, plus terminations during the course of the interview.

All six surveys from 1983 to 1988 followed the same procedures in every detail in order to facilitate comparisons.

Harris national public cross sections are weighted to the

Census Bureau's latest population parameters on sex, race, age and income. This adjusts these key variables, where necessary, to their actual proportions in the population in order to correct for subgroup variations in telephone penetration and nonresponse rates.

APPENDIX

YOUR PERSONAL PREVENTION PROFILE

The Prevention Index takes stock of the nation's health, but you can score your own prevention profile by taking the test below.

Please carefully check "YES" or "NO" to each of the following questions. YES NO

1. Do you have a blood pressure reading at least once a year? ☐ ☐
2. Do you go to the dentist at least once a year for treatment or a checkup? ☐ ☐

Thinking about your personal diet and nutrition, do you try a lot to . . .

3. Avoid eating too much salt or sodium? ☐ ☐
4. Avoid eating too much fat? ☐ ☐
5. Eat enough fiber from whole grains, cereals, fruits, and vegetables? ☐ ☐
6. Avoid eating too many high cholesterol foods, such as eggs, dairy products, and fatty meats? ☐ ☐
7. Get enough vitamins and minerals in foods or in supplements? ☐ ☐
8. Avoid getting too much sugar and sweet food? ☐ ☐

9. Is your body weight within the recommended range for your sex, height, and bone structure? ☐ ☐
10. Do you exercise strenuously (that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least 20 minutes) three days or more a week? ☐ ☐
11. Do you smoke cigarettes now? ☐ ☐
12. Do you consciously take steps to control or reduce stress in your life? . ☐ ☐
13. Do you usually sleep a total of 7 to 8 hours during each 24-hour day? (if you usually sleep either more or less than this, please mark "no".) ☐ ☐
14. Do you socialize with close friends, relatives or neighbors at least once a week? ☐ ☐
15. In general, when you drink alcoholic beverages, do you consume less than 14 drinks* per week and less than five on any single day? (Mark "yes" only if the answer to both parts of this question is "yes". If you never drink at all, also mark "yes") ☐ ☐
16. Do you wear a seat belt all the time when you are in the front seat of a car? ☐ ☐
17. Do you drive at or below the speed limit all the time? (If you don't drive, please mark "yes".) ☐ ☐
18. Do you ever drive after drinking (If you don't drive or if you don't drink, please mark "no".) ☐ ☐
19. Do you have a smoke detector in your home? ☐ ☐
20. Does anyone in your household smoke in bed? ☐ ☐
21. Do you take any special steps or precautions to avoid accidents in and around your home? ☐ ☐

* By a "drink," we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

The correct answer for questions 11, 18 and 20 is "no." The correct answer for all the other questions is "yes." Add up your total number of correct responses. Then, divide that number by 21, which tells you the percentage of the 21 Prevention Index behaviors that you practice.

ADDITIONAL REPORTS AVAILABLE:

The Prevention Index: A Report Card on the Nation's Health, technical report.

Prevention in America: Steps People Take - or Fail to Take - for Better Health. In-depth reports on each of the six Louis Harris surveys for *Prevention Magazine*. Reports are numbered from 1 to 6, and cover the surveys conducted in 1983, 1984, 1985, 1986, 1987 and 1988, respectively.

Prevention in America: The Experts Rate 65 Steps to Better Health. 1983 survey conducted by Louis Harris & Associates for *Prevention Magazine*.

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